



THE HEALTH OF

BLACKPOOL

1965





Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1965

BY.

David W. Wauchob

M.B., B.Ch., D.P.H. ..

MEDICAL OFFICER OF HEALTH

AND
PRINCIPAL SCHOOL MEDICAL OFFICER

COUNTY BOROUGH OF BLACKPOOL HEALTH COMMITTEE

(As constituted 31st December, 1965).

THE WORSHIPFUL THE MAYOR, ALDERMAN T. JOYCE, J.P.

Council Members on the nomination of the General Purposes Committee:

Chairman:

Councillor C. NUTTALL J.P., F.C.A.

Vice-Chairman:

Councillor W. S. LAIDLAW

Councillor S. R. ADAMS

Councillor R. D. CLEGG.

Councillor J. J. HARRISON.

Councillor A. JONES.

Councillor Mrs. C. M. KORRIS

Councillor C. LOWE.

Councillor S. PICKFORD.

Councillor A. PILLING, D.S.M.

Alderman Mrs. J. ROBINSON, J.P.

2 Council Members on nomination of Education Committee:

Councillor Mrs. M. RILEY, J.P.

Vacancy.

2 Non-Corporate Members on nomination of Blackpool and Fylde Division of B.M.A.:

Dr. C. S. PHILIP, M.B., Ch.B.

Dr. R. E. N. TATTERSALL.

M.R.C.S., L.R.C.P.

2 Non-Corporate Members on nomination of Blackpool Executive Committee:

Mr. J. HULMES.

Mr. P. VARLEY, M.P.S.

1 Non-Corporate Member on nomination of Local Dental Committee:

Mr. C. TALBOT.

2 Non-Corporate Members on nomination of Blackpool and Fylde Hospital Management Committee

Mr. R. SPENCER. Mr. J. FORD.

4 Non-Corporate Members (Women) on nomination of Corporate Members of H.C.:

Miss A. M. HAWORTH.

Mrs. E. REVELL.

Mrs. L. PARKINSON.

Mrs. A. SHUTTLEWORTH.

RELATED HEALTH SERVICES COMMITTEE

THE WORSHIPFUL THE MAYOR, ALDERMAN T. JOYCE, J.P.

Chairman:

Alderman J. WALSH

Vice-Chairman:

Councillor N. W. CROSLAND

2

Councillor H. W. BARNES.

Councillor H. E. COCKERILL.

Councillor R. C. DEWHIRST.

Councillor A. FELTON

Councillor L. GREENWOOD.

Councillor H. LAMONT.

Councillor W. J. McGINTY.

Councillor R. NEWHOUSE

Alderman L. PILKINGTON, J.P.

Councillor Mrs. M. J. RILEY, J.P.

PUBLIC HEALTH OFFICERS OF THE LOCAL HEALTH AUTHORITY

(As at 31st December, 1965)

Medical Officer of Health and Principal School Medical Officer: DAVID W. WAUCHOB, M.B., B.Ch., B.A.O., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer: JAMES CHRISTOPHER TALBOT, M.R.C.S., L.R.C.P., D.P.H., R.C.P.S.

Assistant Deputy Medical Officer of Health: OSWALD ANDREW PROSSER, M.B., B.Ch. (Rand), D.C.H., R.C.P.S. (Eng).

Assistant Medical Officers and School Medical Officers:

MARIE-JOYCE RIBCHESTER, L.R.C.P. & S. (Edinburgh), L.R.F.P. & S. (Glasgow).

PHILIP W. LANG, L.R.C.P., L.R.C.S. (Edinburgh), L.R.F.P. & S. (Glasgow), D.P.H.

ANNE E. C. JEWSBURY, M.B., Ch.B., D.R.C.O.G.

JOHN GEOFFREY LEECE, M.B., B.S., M.R.C.S., L.R.C.P.

Principal School Dental Officer: MARSHALL SMITH, L.D.S., R.C.S. (Eng.)

Consultant Dental Surgeon (Part-time)
H. ACKERS, M.B., F.D.S., R.C.S.E., R.F.C.S.

Dental Officers:

R. MARTYN, L.D.S. (Liverpool) H. MARSHALL, L.D.S.

Mrs. J. HOPKINSON, L.D.S. (Manchester) (Part-time) J. R. HALL, B.D.S., L.D.S. (Manchester) (Part-time)

ADMINISTRATIVE STAFF

R. PRYAR, A.C.C.S.

G. H. WHITE.

H. R. DOWLING.

Miss A. DUGDALE. Mrs. E. M. REID.

Chief Administrative Assistant:

Section Chief Clerk (Clinics):

Administrative Assistant:

Shorthand Typist:

Telephonist:

Section Senior Clerks: J. A. BRIERLEY. Miss M. TOPPING. F. CURWEN. Section Senior Clerk (Clinics): Miss K. HULLAH. Clerical Assistant: Miss N. BROWN. Secretary to Medical Officer of Health: Miss I. WILKINSON. Male Clerks: J. COOKSON. S. WEBSTER. P. JOHNSON. Female Clerks: Miss M. BRAIN. Miss E. B. ROBINSON. Mrs. M. MAY. Miss P. HARGREAVES. Miss S. CHEERS. Miss J. SHEARE. Miss M. HAMILTON. Miss S. SIBBALD. Miss B. M. JACKSON. Miss G. SWANN. Miss T. ARNFIELD. Miss C. DIXON. Mrs. B. SWIFT. Mrs. K. M. WEIR.

HOME NURSING AND MIDWIFERY

Non-Medical Supervisor of Midwives and Superintendent of Home Nursing Services: Miss G. IRELAND, S.R.N., S.C.M., H.V., Q.I.D.N.

Midwives:

Mrs. V. E. AINSWORTH, S.C.M., S.R.N.

Mrs. V. E. AINSWORTH, S.C.M., S.R.N.
Mrs. E. BOULTON, S.C.M., S.E.A.N.
Miss M. DEAKIN, S.C.M.
Miss I. DUXBURY, S.C.M., S.R.N., Q.I.D.N.
Mrs. M. J. KENNEDY, S.R.N., S.C.M.
Miss R. E. SCOTT, S.R.N., S.C.M., Q.I.D.N.
Mrs. S. M. WRIGHT, S.C.M.

District Nurses:

Mrs. P. E. ADAMS, S.R.N.

Mrs. D. BENNETT, S.R.N., Q.I.D.N.
Mrs. A. V. BRADSHAW, S.R.N.,
Miss S. A. CLARKSON, S.R.N., R.S.C.N.
Mrs. S. E. COOPER, S.R.N., Q.I.D.N.
Mrs. E. CROOK, S.R.N., Q.I.D.N.
Mrs. J. DALE, S.R.N.

Mrs. I. DEWHURST, S.R.N., Q.I.D.N.

Mrs. I. DEWHURST, S.R.N., Q.I.D.N.
Mrs. C. DOBSON, S.R.N., R.F.N., Q.I.D N.
Mrs. M. DUDMAN, S.R.N.
Mrs. H. F. EARNSHAW, S.R.N.
Mrs. R. ELLIOTT, S.R.N.
Mrs. D. ERRINGTON, S.R.N.
Miss B. FENTON, S.R.N.

Miss B. FENTON, S.R.N.
Mrs. D. C. FOSTER, S.R.N.
Mrs. G. M. HALL, S.R.N., S.C.M., Q.I.D.N.
Mrs. J. LUCAS, S.R.N., Q.I.D.N.
Mrs. M. McROY, S.R.N., R.F.N., Q.I.D.N.
Mrs. N. ROE, S.R.N., Q.I.D.N.
Mrs. L. M. ROBINSON, S.R.N., Q.I.D.N.
Miss A. SCOTT, S.R.N., S.C.M., R.F.N., (Part-time)
Mrs. D. SHAW, S.R.N. (Part-time)
Mrs. B. A. SINCLAIR, S.R.N.
Mrs. J. SLACK, S.R.N.
Mrs. E. M. SPINETTO, S.R.N.
Mrs. J. P. TURNER, S.R.N.
Mrs. M. WHITWORTH, S.R.N.

Male District Nurses:

Mr. J. H. RENNIE, S.R.N., Q.I.D.N. Mr. G. S. ROLLINSON, S.R.N. Mr. F. WHITTLE, S.R.N.

HEALTH VISITING

Superintendent Health Visitor/ School Nurse:

Miss C. RYAN, S.R.N., S.C.M., H.V., Nursing (P.H.) Cert.

Health Visitors/School Nurses:

Mrs. A. BRINING, S.R.N., S.C.M., H.V., Q.N. Mrs. J. BROOKS, S.R.N., H.V. Mrs. E. M. BUTLER, S.R.N., S.C.M., H.V. Miss C. HARDMAN, S.R.N., S.C.M., H.V. MISS C. HARDMAN, S.R.N., S.C.M., H.V.
Mrs. M. HARRAP, S.R.N., M.S.S.Ch., H.V.
Miss D. HARRISON, S.R.N., S.C.M., H.V.
Miss A. R. HICKSON, S.R.N., S.C.M.
Miss A. G. M. HOLDEN, S.R.N., S.C.M., H.V.
Mrs. B. MARSDEN, S.R.N., S.C.M., H.V., S.I.
Miss S. MORRIS, S.R.N., S.C.M., H.V.
Mrs. O. NEWLOVE, S.R.N., S.C.M., H.V.
Mrs. O. NEWLOVE, S.R.N., S.C.M., H.V.
Miss M. PARTINGTON S.R.N. S.C.M. S.R.F.

Miss M. PARTINGTON, S.R.N., S.C.M., T.V.
Miss M. PARTINGTON, S.R.N., S.C.M., S.R.F.N.
Mrs. H. P. PRICE, S.R.N., H.V.
Miss S. ROE, S.R.N., H.V.
Miss M. RYDER, S.R.N., S.R.F.N., S.C.M., H.V.
Miss D. SALISBURY, S.R.N., S.C.M., H.V., Nursing Admin.

(P.H.) Cert.

Miss M. SAUNDERS, S.R.N., H.V., Nursing Admin. (P.H.)

Mrs. M. THOMPSON, S.R.N., S.C.M., H.V. Miss M. TOOMEY, S.R.N., S.C.M., H.V. Mrs. M. C. JOHNSTON, S.R.N., S.C.M., H.V., (Part-time)

Clinic Nurses: Miss V. ARTHURS, S.R.N.

Mrs. F. CLEWS, S.R.N. Mrs. A. DANIA, S.R.N.

Mrs. N. DAVIES, S.R.N., S.C.M.

PUBLIC HEALTH INSPECTORS

Chief Public Health Inspector: JOHN PICKARD, M.R.S.H., M.A.P.H.I., (a), (b), (c),

Deputy Chief Pub. Health Inspector: A. DANIEL, M.A.P.H.I., (a), (b), (c).

Chief Meat and Food Inspector: T. W. LOMAX, (a), (b).

District Public Health Inspectors: D. BENNETT, M.A.P.H.I., (a), (b).

H. NUNN, (a), (b). E. SMITH, (a).

W. MOISTER, (a), (b). E. W. BURROWS, (a), (b).

J. PARKINSON, (a), (b). L. W. ORMROD, M.R.S.H., M.A.P.H.I., (a), (b). J. GIBSON, M.R.S.H., A.I.P.H.E., M.A.P.H.I. (a), (b), (c). I. S. MILLER, (a).

R. HEBDEN, (a).

Pupil Public Health Inspectors: H. W. EVANS. J. C. HUNTER.

D. W. MOISTER P. J. B. SPENCER.

Pestologist: B. A. BLACKWELL.

Technical Assistants: D. BARWICK. J. RICHARDSON.

E. ROTHWELL.

PUBLIC ABATTOIRS

Abattoir Superintendent: W. RILEY, (a), (b).

MENTAL HEALTH SERVICE

Senior Mental Welfare Officer:

Mental Welfare Officers: E. BOUND.

Mrs. M. K. PAGE. H. T. SPEED.

J. S. WASHINGTON.

Trainee Mental Welfare Officer: Miss A. ASHTON.

Junior Training Centre

Supervisor: Mrs. L. C. M. A. PRYAR, Dip.N.A.M.H.

Assistants Miss P. THOMPSON, Dip.N.A.M.H.

Miss M. E. ASHLEY

Miss M. L. N. GLEDHILL. Miss C. HEATLEY

Miss J. HODGSON. Mrs. R. IRVINE. Miss V. M. JAGGER. Handicraft Instructor: H. J. DODD.

Belmont House (Mental Health Hostel)—

Resident Warden: Mr. C. WOOLLEY.
Resident Manageress: Mrs. D. WOOLLEY.

Resident Deputy Warden:

Resident Assistant Manageress: Mrs. M. CHADWICK.

HOME HELP SERVICE

Supervisor: Mrs. I. PARTINGTON.

Assistant Supervisor: Miss B. WADE.

LIGHT TREATMENT

Physiotherapists: Mrs. W. SHORE, M.C.S.P., (Part-time).

Mrs. L. TAYLOR, M.C.S.P. Miss S. TOMLINSON, M.C.S.P.

CHIROPODY

Chiropodists: Mr. T. CATTON, M.Ch.S.

Mrs. S. M. HOLMES, M.F.S.Ch., A.CH., M.E.S.Ch., (Part

time).

Mrs. C. CROOK, M.Ch.S. (Part-time).

Miss M. J. HYDE, S.R.N., S.C.M., Q.I.D.N., M.F.S.Ch.,

(Part-time).

DAY NURSERY

Matron: Mrs. N. K. OLIVER, N.N.E.B.

Nursery Nurse: Miss N. ATKINSON.

Assistant: Miss D. SCOTT.

AMBULANCE SERVICE

Ambulance Officer: F. DIXON.

DENTAL SERVICE

Dental Attendants: Miss C. BANKS.

Miss K. BRUCE.

Mrs. S. V. SNOW-MILLER. Mrs. W. WOOD, (Part-time). Mrs. E. WHITE. (Part-time).

PUBLIC ANALYST

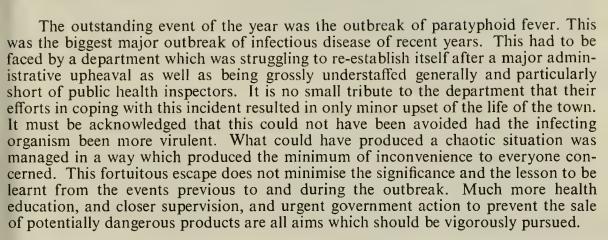
Public Analyst: Mr. J. G. SHERRATT, B.Sc., F.R.I.C.

Deputy Public Analyst: Mr. R. SINAR, B.Phar., B.Sc., F.P.S., F.R.I.C.

- (a) Cert. of R.S.H. and Public Health Inspectors Education Board.
- (b) Cert. of R.S.H. for Inspection of Meat and Other Foods.
- (c) Cert. of R.S.H. for Smoke Inspection.
- (d) Cert. of Sanitary Science.

To the Chairmen and Members of the Health and Related Health Services Committees.

Ladies and Gentlemen,



This assumes that there will be adequate staff available to carry out the work. It is heartbreaking to see such drastic pruning that many commitments including statutory duties are left undone or only partially tackled. It is to be hoped that a progressive minded community will be fully alive to these issues and that some deliberate effort will be made to advance beyond present levels. A further account of this outbreak will be found later in the report. It is pleasing to be able to record the Committee's expression of commendation to the members of the Department for the able and enthusiastic way they had responded to these additional duties.

Other reasons for limited encouragement were also to be gleaned from the study of the figures provided by the Registrar General. The infant mortality rate, 22.31, is the lowest on record for the town and compares favourably with 31.4 and 23.2 for 1963 and 1964. Satisfaction in this figure is tempered by the realisation that the similar figure for the whole of England and Wales is only 19. Intensified effort' will need to be made to bring this figure to the national average. The difference between these two groups of figures has been commented on in previous reports and no new evidence has been brought to light to explain the difference which has always existed as is shown in the graph in page 19.

It is a pleasure to be able to report that for the fourth successive year no maternal deaths have been attributable to Blackpool. This is an achievement that must provide considerable satisfaction for general practitioners, hospital and local authority workers.

Apart from these figures, it is also revealed that the population showed and increase of 410 on the previous year, thus reversing a trend which has been recorded every year except those following a national census. At the same time the comparability factor has dropped which indicates that the Registrar General recognises that Blackpool has an increasing proportion of elderly people.

The increased number of people who reach the higher age groups has been commented on previously. The percentage of deaths in the 65 years and over group has now reached 72.61 of the total number of deaths, compared with 68.1 in 1953.

The total number of births shows a drop of 96 on the previous year. This trend has been reflected nationally as also is the slight increase in illegitimate births which now represent 12.17% of live births.

Infant Mortality

Whilst the infant mortality rate for Blackpool has been almost consistently higher than the average for the whole county, the marked improvement in recent years has been paralleled in both rates.

It appears that 31.8% of these deaths were due to prematurity. These should help to direct our attention to devising methods which will improve this situation. It will be apparent that these premature babies present an extremely difficult medical and nursing problem. The provision of a modern maternity hospital with a special unit for the care of prematurely born infants is programmed for 1969-70 and should help in the research which is still needed into the problems presented by this group.

Maternal and Child Welfare

There has been a considerable increase in the number of mothers who have been discharged home after the comparatively short stay in maternity hospital. This combined with the decreasing number of domiciliary confinements and the increasing number of mothers who now are cared for by the family doctor is producing a rapid change in the ante-natal and maternity work. Before long consideration will have to be given to a new structure of midwifery and maternity nursing service. It seems inevitable that midwives will eventually work with the hospital and general practitioner services. It seems that a joint role could offer many advantages.

Maternal Mortality

No maternal deaths have been recorded for four consecutive years. This represents a tremendous achievement and is a measure of the efficiency of the maternity services. This is particularly creditable where there is a continually changing population, and in addition the ratio of unmarried mothers with all their attendant difficulties constitutes such a high proportion of all cases.

Health Visiting

Further progress was made during the year in the attachment of health visitors to general practitioners and by the end of the year four were attached to four practices. Provision was made in the next year's establishment for two group advisors. This is to assist in the administration and instruction to health visitors in the new range of duties they now have to undertake. A great deal of planning is necessary if these attachments are to work successfully and not affect adversely the existing duties of the health visitors. It will be interesting to see how effective this will be.

Home Nursing

The number of patients over the age of 65 visited by the district nurses continued to increase, a total of 2,587 in 1965 compared with 2,179 in 1964. The total number of visits to patients rose by 7,036 compared with the previous year. Many of the patients are in the terminal stages of illness. These patients make heavy demands on the nursing service and require frequent and prolonged visits. There have been many expressions of appreciation by patients and their relatives for the late evening service.

The Marie Curie Memorial Foundation (Nursing Service)

The above service for nursing cancer patients in their homes has been working satisfactorily since 1st October, 1964. At present there are two Marie Curie nurses.

This service, with the Medical Officer of Health acting as Agent for the Foundation, is run in close association with the district nursing service. During the year six patients were recommended for nursing care and five for financial assistance for extra nourishment. The value of the service has been amply demonstrated throughout the year and consideration will have to be given to the extension of a night nursing service to other forms of illness.

Home Help Service

There has been a steady increase in the number of households assisted in the course of the year. Whilst there are limits to the amount of domestic and social assistance which a local authority can be expected to provide, many of the members of the Home Help Service give care and assistance, often unpaid, to patients where it would be desirable for the hospital to accept responsibility. To suggest that terminal care, although palliative treatment is all that can be given, is unworthy of a hospital is a serious mistake. There are few medical services of more value to the community than the care of dying people where needs are beyond the physical and mental resources of friends and relatives.

Before this can be achieved more beds must be provided for the chronic sick and until then an ever increasing number of Home Helps will be required if a patient is to be cared for satisfactorily at home.

Vaccination and Immunisation

The figures available from the Ministry of Health can give little cause for satisfaction. Whilst generally above the average for the North West Region, they are below the National Average for Whooping Cough and Diphtheria. One can only hope that renewed efforts will produce more satisfactory figures before long. The table below shows that much can yet be achieved, and in this area with the large turnover of population we cannot be satisfied with anything less than the highest rate achieved by some Local Authorities.

,	National Level (%)	Highest L.H.A. Level (%)	Lowest L.H.A. Level (%)	Blackpool (%)
SMALLPOX Proportion under 2 yrs. vaccinated	33	77	10	39
DIPHTHERIA Children Born in 1964 immunized	71	89	43	56
WHOOPING COUGH Children Born in 1964 immunized	70	88	36	55
POLIOMYELITIS Children Born in 1964 vaccinated	65	88	39	61

Now that safe and effective vaccines are available it seems an unwarranted risk that children should not be fully protected. The Ministry of Health has also expressed concern about the low acceptance rate in the country for protection against poliomyelitis. Where something is preventable it would seem wise to prevent it; the importance of infectious disease is in danger of being underestimated.

Tuberculosis

The annual visit of the Mass Miniature Unit detected 5 cases requiring close supervision. The number of cases, whilst small compared with previous years, still emphasises the need for continued efforts to finally overcome this disease. An increased number of children protected by B.C.G. vaccination would prove helpful in reducing the incidence in young people, especially those attending colleges or universities. The Ministry of Health requested Local Authorities to contact as far as possible all

immigrants notified by the immigration authorities as coming to their area. It was recommended that each should have a chest X-Ray examination and that he register with a general practitioner. Sixty-one people were visited; of these 59 were contacted and 2 left the country within 6 days. Forty-seven were classified as European non-Commonwealth immigrants and it is evident that our problem here is different to areas where there has been a large influx of people with a different cultural background. It has not been easy to persuade and arrange for X-Ray examination and it would appear simpler for this to be arranged at the port of entry.

Care of Aged and Chronic Sick

There has been a marked increase in the number of articles laundered (1964–4,021; 1965–4,780) although the number of patients for whom the service has been used has decreased by one.

From the initiation of the laundry service we have used disposable polythene bags for the delivery of clean and collection of soiled linen from the patients' homes. The laundry is checked at the Health Department before forwarding to the Devonshire Road Hospital for laundering.

The use of disposable pads has also increased from 500 to 1,000 per month, and has proved of considerable value to the District Nursing Service. The disposal of these pads has proved difficult in a few cases and provision is being made for a special incinerator for this purpose.

Chiropody

There has been considerable increase in the number of domiciliary visits. This has been largely due to a rise in demand from privately run homes for the aged. It is anticipated that this will continue and indicates the need for the service.

Mental Health

This field still continues to provide the greatest potential for development. During the year commencement was made with the building of the Hostel for the Elderly Mentally Infirm. This will be yet another means of helping to overcome the difficulties presented by the distance of hospitals from the local area. This with the Hostel in Lytham Road and the day hospital in Church Street provides the nucleus of an improving community service. It is the intention that the new hostel will take a more positive role than merely providing additional accommodation. A more preventative attitude will be fostered, with emphasis in assisting those families who are still able to provide care for the senile members of their family.

The acceptance of this role by the community will provide much work for voluntary organisations. They have already had considerable success in enlisting the cooperation of the public and in bringing about a better understanding of the practical meaning of community care and of the stresses which it may bring.

A most important need for the future is the development of the adult training centre which has been so long delayed but at last shows signs of materialising.

With these developments the outlook for the mentally disordered is brighter today than ever before, but if the possibilities and resources are to be used to the maximum, the continued excellent relationship between the staff of the health department and those in hospital practice is of paramount importance.

Health Education

This is still one of the most important and also most under-used methods of health improvement and disease prevention. Today there are strict limitations on the traditional preventative measures against disease which in the past were based on decree and government action. There has been a shift of emphasis in preventative medicine which is now more concerned with influencing people in their personal habits and in what they eat, drink, or smoke, and how they bring up children. There is enormous scope for health education at a personal level by the teacher, the family doctor, or health visitor, but this is of limited availability and needs backing up with the appropriate information and material.

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It is obvious that some of the modern methods of health education have not so far been very successful and some campaigns have had a rather forlorn appearance. It would appear that in these campaigns as in past hostilities it is a case of "too few, too little and too late". There is need for much greater intensification and rationalisation of the health education effort if it is to make its most valuable contribution to the community.

The Home Safety Committee continued its good work but due to a severely limited budget it has been unable to launch a sustained effort.

Public Abattoir

Little progress was made with the proposed new abattoir on the proposals put forward by the Local Authority. The work of meat inspection continued on a sound footing but the lack of facilities has made it difficult for the staff concerned.

Environmental Hygiene

In addition to the work imposed by the outbreak of Paratyphoid, new legislation continues to bring additional duties to Public Health Inspectors.

The Housing Act, 1964 placed on Authorities the obligation of surveying their districts with a view to the declaration of improvement areas where dwellings should be improved over a period of years and form part of a plan for urban renewal. Locally little has yet been done towards the implementation of this idea. In spite of the number of houses in Blackpool which could benefit by an improvement grant the number of applications remains low. 107 were received during the year and nine were refused.

Additional work was also required under the Offices, Shops and Railway Premises Act, 1963, and reduced the amount of time available, particularly for the inspection of houses in multiple occupation. This retardation of progress in this essential work cannot be regarded with complacency, and limitations imposed by insufficient staff call for additional efforts to keep the section at full strength.

I should like to record my thanks to those members of the staff who have contributed to the writing of this report. It is hoped that their statements and observations will illustrate the wide range of services of the Committees in the interests of the health of the people of Blackpool. I should also like to thank all staff both professional, administrative and manual workers, for their good work during the year. I am indebted to my colleagues in the medical profession, to the Chief Officers and particularly to the Press for their help in making the work lighter during what was an extremely busy and absorbing year.

I should also like to acknowledge the assistance that I have received from the Chief Education Officer and Members of the Education Committees.

I am grateful for the constant support and encouragement of the Chairman and Members of the Health and Related Health Committees.

Municipal Health Centre, Whitegate Drive, Blackpool.

Tel. No.: Blackpool 63232.

D. W. WAUCHOB,
Medical Officer of Health.

GENERAL AND VITAL STATISTICS AND SOCIAL CONDITIONS IN THE BOROUGH

GENERAL STATISTICS

Area (exclusive of foreshore)		•••	•••	•••	•••		8,650 acres.
Area of foreshore and Tidal Wa	ter	•••		•••			2,076 acres.
Population (Registrar General's	estima	te mid-	-year 1	965)		• • •	150,440
Population (Census 1961)	•••	•••	•••	•••	•••	•••	153,185
Number of inhabited houses		•••		•••		•••	52,275
Number of empty houses	•••	•••	•••			•••	736
Rateable value of the Borough	•••		•••				£8,052,895
Product of a Penny Rate		•••				•••	£32,715

SOCIAL CONDITION IN THE BOROUGH

The Area Comparability Factors for births and deaths are now 1.2 and 0.78 respectively, compared with 1.2 and 0.80 last year, thus signifying the Borough more so as a retirement resort.

The figures below, kindly furnished by the Manager of the Labour Exchange, show the employment position with regard to the Borough.

Unemployed	Men	Women	Boys	Girls	Total
June, 1965	953	201	22	11	1,187
December, 1965	1,872	783	31	34	2,720
Registered Disabled					
at 19/4/65	2,103	428	8	7	2,546
Unemployed Disabled					
suitable for ordinary employ- ment at 12/4/65	214	37	1		252
Unemployed					
suitable for sheltered employ- ment at 12/4/65	28	1			29

Trade and Industry—The employment position in the Borough has changed little during the past year, with the seasonal nature of the town being fairly reflected in the figures quoted above.

VITAL STATISTICS

							Male	Female	Total
Live B	Births:	Legitimate	•••			• • •	866	866	1,732
		Illegitimate				•••	124	116	240
		Birth Rate (Crud	e) per 1,00	00 pop.	• • •	• • •	13	.11	
		Birth Rate (Stand	lardised) j	per 1,00	00 pop.	•••	15	.73	
Stillbi	rthe	Legitimate					20	13	33
Stilloi	11115.	***		•••	•••		5	1	6
		· ·	erth o (livro s	ond still	```	•••		.95	Ü
		Rate per 1,000 bi	rins (nve a	and Sun	.)	•••			
		Rate per 1,000 pc	pulation	•••		•••	0.	26	
		Total live and stil	1 hirths				1,015	 996	2,011
		Total live and sen	Ontills	•••	•••				
Infant	Death						21	23	44
				•••	•••	•••			77
Infant	mortal	lity rate per 1,000	live births	—total	•••	•••	22	.31	
Infant	morta	lity rate per 1,000	live births	—legiti	mate	•••	22	.51	
Infant	morta	lity rate per 1,000	live births	—illegi	timate	•••	20	.83	
Neo-n	atal mo	ortality rate per 1,0	000 live bi	rths	•••		16	.22	
		tal mortality rate	(deaths u	nder on	e week	per	1.2	10	
		al live births)	•••	•••	•••	•••	13	.18	
Perina w	ital mo 'eek coi	rtality rate (stillbinbined per 1,000 t	irths and otal live a	deaths ind still	under births)	one 	32	.32	
Mater	nal dea	ths (including abo	ortion)	•••	•••		N:	il	
Mater	nal mo	rtality rate per 1,0	00 live an	d still b	irths.		N	il	

BIRTHS

12.17

Illegitimate live births per cent. of total live births

The number of live births resident in Blackpool during 1965 was 1,972—a decrease of 96 on 1964. The crude birth rate is 13.11 per 1,000 population and the adjusted birth rate is 15.73 as compared with 13.8 and 16.6 in 1964. The rate for England and Wales with which the adjusted rate should be compared is 18.1

Illegitimate Births. 240 such births were registered during the year, one birth more than in 1964, resulting in a rate of 1.6 per 1,000 population. These registrations amount to 12.17 per cent. of the total live births.

Stillbirths. 39 stillbirths were registered in 1965, a similar total to the previous year, but giving a rate of 18.95 per 1,000 total births against 18.5 due to less total births. The rate for England and Wales is 15.8.

RECENT POPULATION CHANGES IN THE BOROUGH

According to the Registrar General's estimated figure for mid-1965, an increase of 410 is recorded. Deaths again exceeded births, this year by 631, migration of 1,041 persons into the Borough thus accounting for the change.

The figures below outline the trend of population, births and deaths from the year 1956 to the present year.

		Ch	Change in	
	Midyear Population	Population	due to births and	Population due
	Registrar General's	change	deaths only	to
Year	Estimated Figure	during year	during year	migration
1956	146,500	— 700	 687	— 13
1957	145,600	— 900	— 629	— 271
1958	144,500	1,100	— 743	— 357
1959	143,600	— 900	— 657	— 243
1960	143,530	 70	— 556	+ 486
1961	150,000	+6,470	— 702	+ 7,172 *
1962	151,250	+1,250	— 671	+ 1,921
1963	151,000	— 250	— 49 8	+ 248
1964	150,030	— 970	— 552	— 418
1965	150,440	+ 410	 631	+1,041

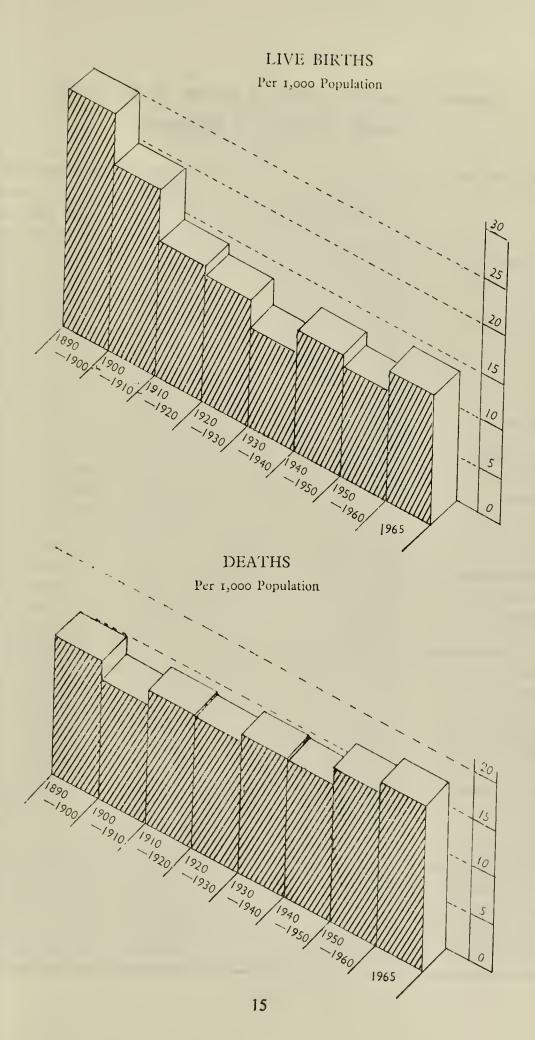
Note: The 1961 Census Figure was 153,185.

^{*}Steep increase due to rise in the estimated population based on preliminary 1961 census figure.

DEATHS									Female	Total
Deaths	•••	•••	•••		•••	• • •	•••	1,301	1,302	2,603
Death	Rate (Crude)	per 1,	000 pc	pulatio	n		1	7.30	
Death	Rate (Standa	rdised) per 1	,000 po	pulation	n	1	3.49	
Death	Ratef	or Eng	land a	nd Wa	les	•••		1	1.5	

The percentages of deaths in various age groups with corresponding figures for previous years are shown below:—

AGE	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Under 12 months	2.1	2.0	2.1	2.0	2.06	1.78	1.67	2.05	1.79	2.07	1.75	1.87	2.54	1.83	1.69
l year and under 5 years	.5	.4	.4	.3	.30	.34	.13	.16	.29	.21	.43	.15	.12	.38	.46
5 years and under 15 years	.3	.3	.3	.3	.05	.37	.34	.29	.17	.12	.17	.22	.27	.23	.08
15 yrs. and under 65 years	28.4	26.6	29.1	28.4	27.13	26.82	27.64	26.49	25.58	25.94	25.69	24.54	23.58	25.08	25.16
65 years and over 75 years and over 85 years and over	68.7	70.7	68.1	69.0	70.46	70.69	70.22	71.01	72.17	71.66	71.96		30.65 31.32 11.52	30.95 32.83 8.70	31.31 31.31 9.53



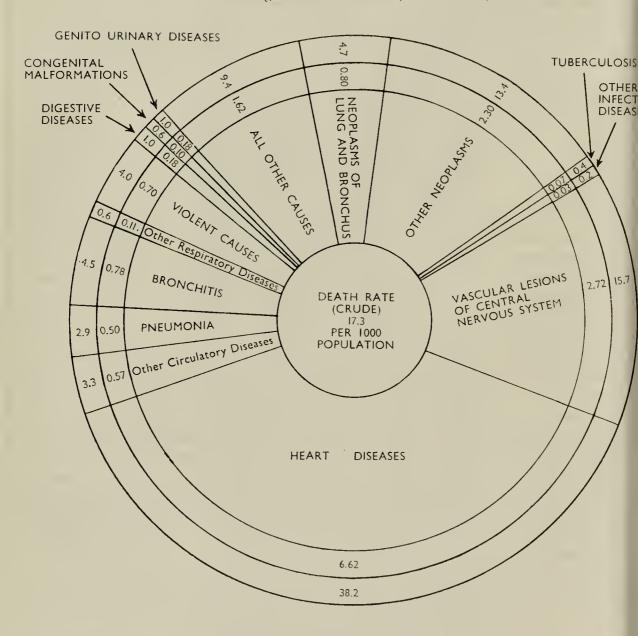
Causes of death at different periods of life in the County Borough of Blackpool

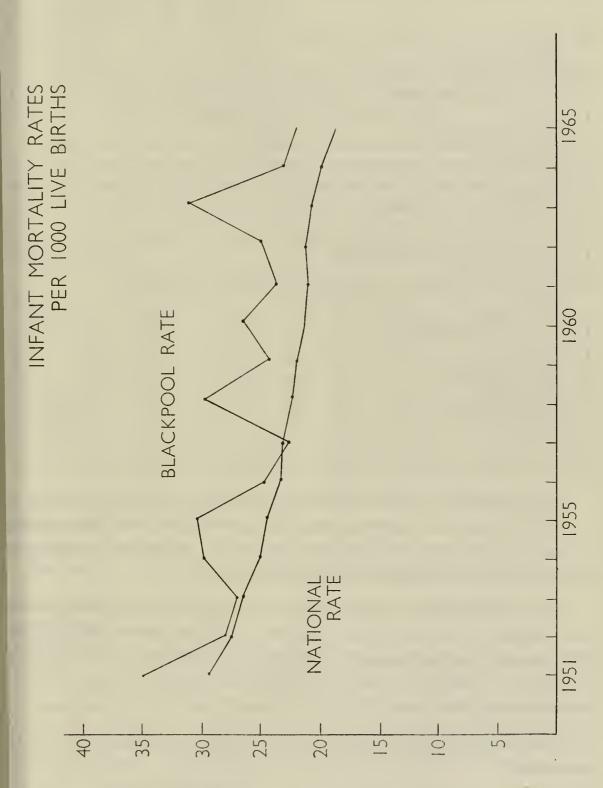
		1	1				A	D				
		All	Under	4 wks.			Age at 1	eath		1		
	1	ages	wks.	4 wks. & u. 1 yr.	1-	5-	15-	25-	35-	45-	55-	65-
Tuberculosis, respiratory	M	5								4	_	
Tuberculosis, respiratory	F	2								1		
Tuberculosis, other	M	2									1	
Tuberculosis, other	F	2								1		
Syphilitic disease	M	1								1		
	F	1										1
Diphtheria	M											
	F											_
Whooping Cough	M											_
whooping Cough	F				_	_		_			_	
Meningococcal infections	M	_									_	
Meningococcarmections	F	_	_		_	_			_	_		
Acute Poliomyelitis	M	_	_		_		_					
Acute Following this	F	_					_					
Measles	M						_		_			
Weastes	F	_		_	_			_		_	_	
Other infective and parasitic diseases	M	4	1		2					_		
Other infective and parasitie diseases	F	1	_		_	_			_		1	
Malignant neoplasm, stomach	M	29	_					_	1	1	6	14
Malignant neoplasm, stomach	F	27	_	_	_	_		_	_	2	4	7
Malignant neoplesm Jung bronchus	М	102	_	_		_	_	_	5	6	33	48
Malignant neoplasm, lung bronchus	F	19	_	_				_	_	5	6	7
Malignant neoplasm, breast	M	2	_	_	_	_	_	_	_		1	1
Malignant neoplasm, breast	F	37	_	_	_	_	_	1	2	7	12	7
Malignant neoplasm, uterus	F	21		_	_	_	_	_	1	3	6	7
Other malignant and lymphatic	M	117	_	_	1	_	_	1		8	29	38
neoplasms	F	104	_	_	_	_	1	_	1	7	19	41
I suksamia and alculusamia	M	8	_	_	_	_	_		1		4	3
Leukaemia and aleukaemia	F	3		_	_	_	1	_	_	_	_	_
Dishetes	M	4	_	_	_		_	_	_	_	2	1
Diabetes	F	12	_	_	_	_	_	_		1	2	5
V	M	151	_	_	_	_		_	2	6	15	59
Vascular lesions of nervous system	F	258	_		_	_			2	11	28	79
	M	351	_	_	_	_	_	1	10	34	91	148
Coronary disease, angina	F	227	_	_	_		_		1	5	35	88
	M	776	1	_	3	_	_	2	19	60	182	312
Carried forward	F	714	1-11	_	_	_	2	1	7	43	113	242
		L	1				L		0			

			Age at Death										
		All	Under 4	4 wks.	1—	5—	15—	25—	35	45	55—	65—	75—
			wks.	l yr.	1—		13—	25	3,5	4.7		05—	/3—
Brought forward	M	776			3			2	19	60	182	312	197
Brought forward	F	714					2	1	7	43	113	242	306
pertension with heart disease	M	10								1	6	3	
	F	22									4	4	13
her heart diseasc	M	139							1	3	21	41	73
	F	230							2	7	13	50	158
her circulatory disease	M	41								3	4	15	19
	F	45								2	4	8	31
luenza	M	1											
	F	1										11	
eumonia	M	40		1						1	7	11	18
	F	36		1						3	4	8	20
onchitis	M	88			2				1	3	15	38	29
	F			2						1	6	5	15
aer disease of respiratory system	M	10								2	1	6	1
	F	5										1	4
cer of stomach and duodenum	M	15								1	6	4	2
	F	4										1	3
stritis, enteritis and diarrhoea	M	4		1									1
	F	4						_			2	1	1
phritis and nephrosis	_M	4									1		1
	F	9									3	1	5
perplasia of prostate	_M	13											9
	F												
gnancy, childbirth, abortion	_F												
ngenital malformations		7	5		1				1				
	F	7	4	2									
er defined and ill-defined diseases	<u>M</u>	104	12	1						4	14	20	49
	F	140	10				1	3	1	7	10		79
tor vehicle accidents	<u>M</u>					1	6			1	3	3	5
	F	9			1		1		1		2		
other accidents	M	11				1	3						1
	F	32		4	2			1				4	19
cide	<u>M</u>	18					4			2	4		
	F	15								3	4		
micide and operations of war	M	_											
	F			_	_	_	_	_	_	_	_	_	
		1301	18	3	9		15	4	31	82	266	464	407
LL CAUSES		1302	14	9	3		6	6	12	68	165	363	656
	All	2603	32	12	12	2	21	10	43	150	431	827	1063

Deaths from Principal Causes

Rate per 1,000 Population and Percentage of Total Deaths (Outer Circle)





INFANTILE DEATHS

Cause of Death		1	Dic	d in		
Cause of Death	lst Week	2nd Week	3rd Week	4th Week	4 weeks plus	Total
Prematurity	14	_	_	_	_	14
Congenital Abnormalities	2		_	_		2
Hyaline Membrane Disease	2	_		_	_	2
Asphyxia due to Haemorrhage at birth	1	_	—	_	_	1
Atclectasis	2	_		_		2
Asphyxia due to inhalation of vomit	-	_	_	_	3	3
Accidental (Inquest)	_	_	_	_	1	1
Uraemia	_	_	_	_	2	2
Duodenal Atresia	1	1		_	_	2
Acute Pneumonia	_	_	_	_	1	1
Erythroblastosis Foetalis	1	_			_	1
Hydrocephalus and Upper Vertebral Column Defect	1		_		_	1
Respiratory Virus Syndrome	1	1				2
Aortic Atresia	_	1	_			1
Ruptured Meningocele	_	_	1	_		1
Myelomeningocele and Hydrocephalus	_	1	_		1	2
Gastro-Enteritis			_	_	1	1
Acute Broncho-pneumonia	_				1	1
Intestinal Obstruction	_	1	_		_	1
Acute Tracheo-bronchitis	_		_		2	2
Asphyxia Pallida	1					1
TOTALS	26	5	1	_	12	44

Infant Mortality. 44 children died under the age of one year during 1965, givin a rate of 22.31 per cent. 1,000 live births, this figure being the lowest ever recorded comparing with 23.2 and 31.4 in the two previous years. Whilst being elated by the return, it is regrettably still above the national figure of 19.0.

Neo-Natal Mortality. Although the infant mortality rate has reduced, the neonatal mortality rate has risen from 15.8 in 1964 to 16.22 per 1,000 live births in 1965. Of 32 deaths during the first month of life, 26 died in the first week—over half being attributable to prematurity. The England and Wales figures for comparison are-1965... 13.0 and 1964... 13.8.

Maternal Mortality. For the fourth successive year, no deaths occurred within the Borough.

Coronary Heart Disease. 578 deaths were recorded from this disease durin 1965, that is 29 less than in 1964 but some 116 above the average figure taken ove the last ten years. A rate of 3.84 per 1,000 population is recorded against 4.04 in 1964

Deaths and rate per 1,000 population are shown below:—

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
No. of deaths	388	382	450	436	448	497	527	517	607	578
Rate per 1,000										
population	2.6	2.6	3.1	3.04	3.05	3.31	3.48	3.42	4.04	3.84

Tuberculosis. 11 persons died from tuberculosis during 1965, one more than in 1964, seven of them being classified as respiratory tuberculosis. A rate of 0.073 is thus recorded against the England and Wales figure of 0.048.

Cancer. A reduction in the number of deaths due to cancer is recorded, 469 from 486 in 1964. The number of deaths due to carcinoma of the lung and bronchus was 121, of which 102 were male. The death rate of this particular cause for the Borough is 0.80 comparing unfavourably with the England and Wales rate of 0.55.

The following chart shows the number of deaths (with site of disease) over the last ten years.

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Lung and										
Bronchus	80	83	93	67	111	98	99	83	134	121
Stomach	54	62	70	64	56	62	91	61	68	56
Breast	35	42	45	38	34	41	41	43	42	39
Uterus	23	17	26	22	21	27	23	22	23	21
Leukaemia	6	12	10.	12	13	10	4	7	12	11
Other Sites	206	197	210	196	183	221	233	227	207	221
							<u>.</u>			
	404	413	454	399	418	459	491	443	486	469
Rate per 1,000										
population,										
Blackpool	2.7	2.8	3.1	2.77	2.92	3.06	3.24	2.93	3.24	3.12
1.000										
Rate per 1,000										
population,										
England and	1.66	2.00	2.12	2.14	2.15	2.16	2.10	0.15	2.21	2.22
Wales	1.66	2.09	2.12	2.14	2.15	2.16	2.18	2.17	2.21	2.23

Suicides. 33 suicides were recorded in 1965, 18 male and 15 female—four less han in 1964, giving a rate of 0.219 per 1,000 population. The occurrence over the ge of 55 remains at approximately 55 per cent. of the total, a trend which has been parent since 1961. A disturbing figure is the six deaths in the 15–24 age group, our of them in fact being teenagers.

Of the 33 people who died, two males and two females were known to the 1ental Health Service, one male and one female having attempted suicide on prejous occasions.

Comparative Statistics

The following table affords a comparison between the statistics of previous years, so far as they are available, with those under the year of review.

PERIOD	Total Live Births per 1,000 population 25.2	Still Births per 1,000 total births	Illegit Live J per 1,000 total	Births	Total		Neo-	Peri-		Tuber-	Cancer (All	Lung
	1,000 popula- tion	total	1,000			Infantile	Natal	Natal	Maternal	culosis	types)	Cance
	25.2		popula- tion	per cent. of total live births	per 1,000 popula- tion	per 1,000 live births	per 1,000 live births	per 1,000 live and still births	per 1,000 total births	per 1,000 popula- tion	per 1,000 popula- tion	per 1,000 popul tion
1886—1890		_	_	_	15.3	144-2	_	_	_	_	_	1
1891—1895	23.9	_	_	_	15.3	168-2	_	_	_	_	_	I -
1896—1900	26.5	_	_	_	14-4	159-9	_	_	_	_	-67	-
1901—1905	22.3	-	1.3	_	12.9	138-4	_	_	_	_	.93	-
1906—1910	17.4	_	1.2	_	12.2	115.4	_	_	_	_	·88	
1911—1915 1916—1920	15·6 12·7	_	1.3		14·0 14·7	115·7 88·8				·91 1·0	1·3 1·6	
1921—1925	15.0		1.3		14.3	73.3	_		6.6	-88	1.7	
1926—1930	11.8	_	.93	_	13.7	66.2	_	_	5.7	.76	1.8	_
1931—1935	10.5	53.5	.76	_	14.2	63.6	_	_	6.0	·71	2.0	_
1936	10.8	55-2	.62	_	15.6	63.0	_	_	4.6	.63	2.1	
1937	10.3	66.9	-64	_	16.6	57.7	_	_	3.1	.62	2.2	-
1938	10.9	42.5	.63	_	14.6	47.2	_	-	4.7	∙59	2.3	-
1939	10-6	39.5	.78	_	14.8	53.5	_	_	2.6	∙58	2.1	-
1940	9.4	40-4	.69	_	15.4	53.0	_	_	7.1	∙49	1.7	
1941	1	36-1	.97	_	15.5	56.8	_	-	2.0	.62	2.3	178
1942		36.9	1.3	_	13.8	68.4	_	_	4.8	·49	1.9	-
1943		30.3	1.2	-	14.8	62.6	_	_	2.5	·55	2.2	
1944	10.5	33·7 29·1	1.4	_	14·3 14·8	41·3 \$7·8	_	_	3.8	·53	2.2	
1945 1946		28.2	1.3	_	13.8	37.8			2.8	.53	2.2	1
1946 1947		27.1	.98		14.6	43.4			2.1	.53	2.1	_
1948	1	29.0	1.1	_	13.8	36.3	_	_	1.9	·47	2.2	_
1949	40.0	31.4	.88	_	15.1	25.8	_	_	1.1	·45	2.4	_
1950		28.7	.73	_	15.7	37.8	24.8	_	1.7	·30	2.4	_
1951	11-1	31.7	-86	_	18.3	35.2	24.7	_	1.2	∙34	2.6	
1952	10.9	29.0	.68	-	15.4	28.0	19-3	_	.6	-30	2.6	-
1953	11.0	27.6	.91	-	14-3	27.2	22-2	-	.6	∙16	2.5	-
1954	10.8	32.2	⋅84	_	16-1	30-1	23.2	_	.6	∙30	2.6	
1955		26.4	-86	_	16.0	30-3	25.3	-	<u> </u>	-21	2.8	0.42
1956	1	28.8	1.02	8.7	16.4	24.9	18.0	_	.6	·21	2.7	0.57
1957		26.2	.79	6.7	16.1	22.8	16.4	-	1.15	·16	2·8 3·1	0.64
1958		27.2	85	7.3	16.9	29.6	23.1	38.8	1.15	-11	2.7	0.46
1959 1960		23·0 15·4	·87	7·2 8.5	16·6 16·8	24.8	17·2 20·5	32.9		•13	2.9	0.7
1961		23.4	1.2	9.4	17.2	23.9	15.4	35.8	1.04	.19	3.1	0.65
1962		24.0	1.4	10.3	17.6	25.1	18.0	38.7	_	.09	3.2	0.65
1963	13.7	17.5	1.5	11,1	16.9	31.4	19.8	33.7	_	.16	2.9	0.55
1964	13.8	18.5	1.6	11.6	17.5	23.2	15.8	32.3	-	.07	3.24	0.89
1965	13.11	18.95	1.6	12.17	17.3	22.31	16.22	32.32	_	.07	3.12	0.80

INFECTIOUS DISEASES AND EPIDEMIOLOGY

Details of cases notified during the year are contained in the following tables, which also show notifications compared year by year since 1950.

Diphtheria. Once again it is pleasing to report that no case of diphtheria was reported during the year. This is now the fifteenth successive year when no case has been reported.

Poliomyelitis. No case was notified during the year, and therefore only one case has been reported in the past seven years.

Measles. There has been a decrease in the number of notifications compared with those recorded for the past six years; the number notified this year being 509.

Whooping Cough. A decrease is shown in the number of notifications this year, 117; the "trend peak figure" every fourth year having occurred in 1964.

1965	73	17		509	15	2	1	İ	1	420	-	4	231	22	4	
1964	72	109		932	01	-	ı	ı	4	7	6	25	4	32	13	
1963	39	36		987	24					43	18	30		31	9	ı
1962	36	00		1,050	8	4	-	1	-	159	7	24		000	4	ı
1961	95	22		006	12		1		2	55	16	25	2	13	3	1
0961	163	159		775	19	4			-	79	18	48		39	9	
1959	187	92		1,498	44	9		1	6	62	37	100	-	101	15	
1958	126	44		276	22	4	∞	Ī	1	50	47	82	3	14	==	
1957	73	76	1	3,096	32	9	4		3	84	30	95	2	92	13	-
1956	159	281		82	27	∞	14			206	33	93		24	15	2
1955	137	93		932	19	5	∞	I		817	17	56	1	29	18	1
1954	152	192		1,741	21		2			87	26	41		44	22	7
1953	379	430		695	35	8	44			30	23	41	I	194	32	
1952	265	508		1,733	35	2	15			425	4	53	_	41	22	1
1981	224	245	I	1,756	43	-	9	I	1	10	2	26	7	∞	21	1
1950	239	290	6	869	16	3	∞	I	ı	12	4	25	-	99	29	
Disease	Scarlet Fever	Whooping Cough	Diphtheria	Measles	Pneumonia	Meningococcal Infections	Poliomyelitis	Polio- encephalitis	Encephalitis	Dysentery	Ophthalmia Neonatorum	Puerperal Pyrexia	Enteric Fever/ Paratyphoid B Fever	Food Poisoning	Erysipelas	Pemphigus

		Cor-	Ad- mitted						RIOD				
Discase		Notifi-	to Hospital	Under 1	to 2	3 to 4	5 to 9	10 to 14	15 to 24	25 to 34	35 to 44	45 to 64	65 and over
Scarlet Fever		73	1	_	5	20	39	6	2		1	_	-
Whooping Cough		17	2	4	3	6	3	1	_	_		_	
Diphtheria		_		_	-			_				_	
Measles		509	5	18	120	194	168	6	2		1	_	_
Pneumonia		15	2	-	1	1	1	_	2	1	1	4	4
Meningococcal Infection	• •••	2	2	_				2			_	_	_
Poliomyelitis	•••	_	_	_	_					_		_	-
Polioencephalitis	•••	_	_	_	_	_				_		_	_
Encephalitis			_	_	_	_		_	_	_	_	_	
Dysentery		420	11	5	48	80	153	15	9	76	22	10	2
Ophthalmia Neonatorum		1	_	1	_		_		_	_	_		_
Puerperal Pyrexia		4	1	_	_	_				4	_	-	
Enteric Fever/Para B,	• • • • • • • • • • • • • • • • • • • •	231	2	1	5	11	21	11	35	24	28	72	23
Food Poisoning		22	2	1	3	2	4	-	3	5	1	1	2
Erysipelas	•••	4	_		_	_	_			1	1	1	1
Pemphigus		<u> </u>	-	_	_	-	_				-		-

FOOD POISONING

Outbreaks. There were five outbreaks of food poisoning reported during the year, the causative agent in four being Salmonella typhimurium and the fifth being Salmonella stanley. Thirteen cases were notified in connection with these outbreaks.

Sporadic Cases. There were nine sporadic cases during the year, the agents being notified as Salmonella typhimurium five, enteritidis one, stanley one, tennessee one and tinder one.

A MILK-BORNE OUTBREAK OF FOOD POISONING DUE TO S. PARATYPHI B.

The extent of the outbreak was notable because 879 infected persons were discovered, 231 of them in Blackpool, and since the infection was transient in many of the patients, the total number of infected persons was probably much greater.

The source of the outbreak was a farm in Fylde Rural District, supplying between 200 and 250 gallons of raw milk each day to households, hotels and boarding houses mainly in Blackpool. Infections were recorded in about 20 counties and as far apart as Aberdeen and the South Coast of England. Investigations did not reveal any other source of infection.

On Friday, 30th July, paratyphoid organisms were isolated from the faeces of two children from different households who had been admitted to hospital with symptoms of food poisoning. Mr. Lomax, Chief Meat and Food Inspector of the Borough, discovered that one of the infected households of the children purchased raw farm-bottled milk from a farm outside the Borough. He remembered that the family of a single isolated case infected with the same organism, which had occurred two months previously, purchased milk from the same farm. Although the household of the other child was supplied with pasteurised milk, she had consumed this raw, farm-bottled milk at the house of a friend.

On Saturday, 31st July and Sunday, 1st August, 12 bulk samples and four bottles of this raw milk were submitted to the laboratory at the Victoria Hospital and the public health laboratory, Preston. On Monday, the 2nd August, the laboratory reported organisms indicative of paratyphoid B in some of the milk samples.

On Wednesday, 4th August, the laboratories confirmed that the majority of the milk samples contained paratyphoid organisms and that the cases under investigation were infected with the same type of organism. On Saturday, 7th August, S. paratyphoid B was isolated from one cow in the herd. This cow was later slaughtered for veterinary investigation. This cow had gone dry about the middle of May and produced no milk until she calved on the 24th July. There is reason to believe that the milk from this cow had been added to the bulk tank and sold to the public on the 26th July. This provides a possible explanation of the interval between the initial known case in May, and the subsequent outbreak in July.

Preventative Measures. On Monday, 2nd August, a letter was sent to all general practitioners in Blackpool advising them of the outbreak.

Because of the large numbers of persons who could have consumed the milk, it was decided to concentrate initial tests on three groups—any ill persons, the entire staff of hotels and boarding houses, and food handlers not in the above groups. The fourth and largest group, i.e., any other person who might have consumed the milk was then tested. The infected milk was sold to the public from the 26th July, pasteurised on the 4th August, and an order for its destruction was enforced on the 6th August, so any person eating or residing at establishments to which the infected milk had been delivered between Sunday, 25th July and Saturday, 7th August was considered to be in this group. Three consecutive negative stool tests at not less than three day intervals were required from food handlers before they were allowed to resume work.

A total number of 2,639 stool tests were taken by the Public Health Inspectors between 3rd August and 26th October, and of the 1,456 persons tested, 231 (15 per cent.) were found to be positive.

The basic requirements of food hygiene, i.e. frequent hand-washing, especially after toilet, the non-touch technique for food, adequate cooking, refrigeration and protection of food from contamination during storage, had to be emphasised to all staff and guests in the establishments concerned.

As the outbreak was discovered at the week-end, a large number of guests who had holidayed in guest-houses or hotels supplied with the infected milk during the period 25th July to 7th August had returned home, and it was necessary to acquaint the Local Health Authority in which they resided of the situation. Letters were written to 199 towns and 47 counties scattered all over the United Kingdom.

Although a large number of persons were infected only a relatively small number were clinically ill, and the symptoms were of food poisoning rather than of an enteric infection. The illness was mild and interfered only in a minor way with the activities of those involved, so it was decided to admit to hospital only those whom it was thought inadvisable, for social or medical reasons, to leave in their holiday accommodation or home. Eight persons were admitted to hospital. If advice was sought on treatment the doctor was told to which drugs the organism was sensitive, but advised not to give antibiotic therapy unless the patient was clinically ill.

Discussion. The problem regarding the most effective employment of Public Health Inspectors is as yet unresolved by some authorities—are they best utilised as general district inspectors or as specialists? It is unlikely that the vital link between the isolated case in May and the initial cases in the outbreak in July would have been

appreciated so quickly if Blackpool had not employed a specialist Inspector for Meat and Food. There is a limit to the size of an area that a specialist can cover, but it is much larger than that which can be dealt with by a district Public Health Inspector.

When faced with an outbreak of this sort, the Medical Officer of Health has to decide on the policy to be implemented; this includes such decisions as to the number of consecutive clearance specimens required before a food handler may return to work, and whether to admit all persons with positive stools to hospital or pursue a policy of selective admission to hospital. When making these desicions due consideration should be given to the severity of the disease, and whether the infecting organism is likely to give rise to secondary spread. It is suggested that there are no advantages to be gained—and may be some disadvantages such as unnecessary hardships to those infected, and the unnecessary use of hospital beds, if a rigid policy of admitting all cases to hospital is followed just because an organism has a particular label.

The decisions that three consecutive negative stool tests were to be regarded as sufficient to allow a food handler to return to work and that infected cases should only be admitted to hospital on socio-medical grounds was justified by the small number of secondary cases. Only 11 secondary cases were found in the Borough.

In England and Wales in the 16 year period 1950—1965 inclusive, 42 outbreaks of salmonella food poisoning due to the consumption of infected milk have been published. In addition, there are approximately 4,000 cases of chronic brucellosis and 500 new cases of acute brucellosis each year. Some of these are due to occupational contact, but many are due to drinking raw milk. Approximately 2.9 million people, for the dubious privilege of drinking raw milk, run the risk of Salmonella and Brucella infections from this dangerous, and often bacteriologically dirty, fluid. Some members of the public still think that raw milk is pure milk, and adduce that the thick cream layer which settles out of the untreated milk is evidence of its high nutritional value. Many people, quite rightly, place great reliance on milk as a food, especially to build-up delicate or convalescent children and invalids.

Representations should be made to the central government to legislate against the sale of unpasteurised milk. As long as the sale of unpasteurised milk is legal, health educationalists must ensure that everyone appreciates the risks involved in drinking raw, untreated milk, and that pasteurised is just as nutritious as raw milk.

There were many pleasing features in this incident, the unstinting hard work, much of it overtime, carried out by the public health inspectors, and the marked degree of co-operation obtained from the local press and the public.

A statement was given to the local press each day and they agreed to pass this information on to interested press agencies.

When the reason for taking samples had been explained to those members of the public who might have consumed the infected milk they were very willing to cooperate.

An outbreak of paratyphoid food posioning in a large holiday resort presents frightening possibilities and the limited nature of the outbreak, considering the large numbers of persons at risk, may be attributed to

- (1) Prompt recognition of the initial cases and that raw milk was the vehicle of the infection;
- (2) Prompt measures taken to control the epidemic;
- (3) Co-operation by food handlers in the affected establishments when the situation had been explained to them.

TUBERCULOSIS

Incidence. During the year 67 cases of tuberculosis were notified; 63 respiratory and four non-respiratory cases. Of these, 59 respiratory and four non-respiratory were primary notifications. The remaining four supplementary notifications were made up as follows:—

1—Posthumous notification.

3—Transfers from other areas.

The following table classifies the primary notifications of tuberculosis according to age groups.

		Primary N	otifications	
Age Periods	Respi	ratory	Non-Resp	iratory
	Male	Female	Male	Female
0	_	_	_	_
1—	_	_	_	_
2—	3	1	_	_
5—	2	_	_	_
10—	2	4	_	_
15—	4	3	_	_
20—	3	3	_	_
25—	2	2	_	_
35—	4	2	_	2
45—	9	4	_	_
55—	5	1	_	_
65—	2	1	_	_
75—	1	1	2	-
TOTALS	37	22	2	2

The following table which summarises the notification register shows the number of patients at the end of 1964 the fluctuation of patients during the year 1965 and the number remaining at the end.

Type and Sex of Case		Remaining on register 31.12.64	Notificat'ns (from all sources)	Died	Recovered	Transferred	Lost	Altered Diagnosis	Remaining on register
Respiratory Tuberculosis	M F	382 220	39 24	3 6	10	8 2	1	=	400 230
Non-Respiratory Tuberculosis	M F	28 34	2 2	=		-	=	=	30 33
TOTALS		664	67	9	17	11	1	_	693

Mortality. The number of deaths which were attributable to tuberculosis in 1965 was 11. This number includes four persons who had not previously been notified as suffering from the disease.

Chest Clinic. This Clinic, administered by the Blackpool and Fylde Hospital Management Committee, is held at the Municipal Health Centre at the following times:—

Monday	9-30 a.m.—11-30 a.m. 9-30 a.m.—11-30 a.m. 2-00 p.m.— 4.30 p.m.	Review of patients. Old patients. New and old patients.
Tuesday	9-30 a.m.—11-30 a.m. 2-00 p.m.— 4-30 p.m.	New and old patients.
Wednesday	9-30 a.m.—11-30 a.m. 2-00 p.m.— 4-00 p.m.	New and old patients. Bronchogram Session.
Thursday	9-30 a.m.—11-30 a.m. 2-00 p.m.— 4-30 p.m.	New and old patients.
Friday	9-30 a.m.—11-30 a.m. 2-00 p.m.— 4-30 p.m.	New and old patients. Children's Clinic (B.C.G.).

Cases referred by General Practitioners for X-ray only are seen during any of the above sessions, except on Wednesday.

- Dr. L. Capper, Consultant Chest Physician, has kindly contributed the following report on tuberculosis in the Borough:—
- "The disturbing feature is that although there were fewer cases of tuberculosis notified in Blackpool in 1965 than in 1964, the decrease over the last four years has been hardly significant. 1964 was a particularly bad year, but even in 1965 there were only four fewer cases notified than in 1962.
- "The new cases being discovered comprise both the old and the young, and all grades of severity are being found.
- "I am sure that every effort must be made to get on top of this problem, lest the number of cases found begins, once more, to increase year by year."

Notifications of Respiratory Tuberculosis for Blackpool

Year	Notified	Transfers	Total
1956	65	14	79
1957	33	17	50
1958	34	23	57
1959	46	34	80
1960	57	12	69
1961	78	15	93
1962	60	10	70
1963	44	13	57
1964	62	11	73
1965	59	3	62

Notifications of Respiratory Tuberculosis by Age Groups

	Total	M F	3 1	2 -	7	4 3	3 3	3 3	9 1	13 8	39 23
1965	Trans. In.	M F	1	1	1	1	1	-		1 -	- 1
	Cases Notif'd	M F	3 1	2 -	2 4	4 3	3 3	3 2	8	12 8	37 22
	Total	M	1	_	1	3 2	6 7	4 7	4 6	24 5	47 26
1964	Trans. In.	Σ L	1	1	1	1	2 1	- 3	-	2 1	5 6
	Cases Notif'd	M.	1	-	 §	3 2	4 6	4	8 3	22 4	42 20
	Total	M F	2 2	-	1	4	6 5	5 4	9 1	17 -	44 13
1963	Trans. In.	M	1	1			- 3	1 2	1	- 9	8 5
	Cases Notif'd	M	2 2	-	1	4	5 2	4 2	9 1	=	36 8
	Total	M.	-	2 2	-	1 2	8 %	4 3	9 6	01 91	38 32
1962	Trans.	M	1		1	-	1	3 1	-	2 1	7 3
	Cases Notif'd	M F	-	2 2	-	- 2	8 %	1 2	8 %	14 9	31 29
	Total	M	2 -	1	-	4	1 5	7 12	11 2	37 7	62 31
1961	Trans. In.	MF	t	1	1 1	1	- 2	3 1	2 1	4	9 6
	Cases Notif'd	M	2 -	1	1	4 3	1 3	4 11	9 1	33 6	53 25
	Age Groups		0-5	01-9	11-15	16—20	21—30	31-40	41—50	50 plus	Totals

VENEREAL DISEASE

The Venereal Disease Clinic is located at the rear of the Municipal Health Centre. This Clinic is under the control of the Blackpool and Fylde Hospital Management Committee, who have kindly furnished the following information:—

Clinic Sessions:

Males: Wednesday

10-00 a.m. to 12 noon

Monday and Thursday

4-45 p.m. to 6-30 p.m.

Females:

Thursday and Friday

10-00 a.m. to 12 noon

Tuesday

4-45 p.m. to 6. 30 p.m.

The above facilities are brought to the attention of the public by means of notices fixed in toilets used by the general public. The new and nearly indestructible notice which was designed to withstand defacing is reported to be proving satisfactory. In certain areas of the borough however, the perspex covers have been prised off by levering with a screwdriver or similar implement thus leaving only the corners screwed to the walls. Where practicable, these have been replaced, otherwise the original type of paper notice has been brought back into use.

Dr. J. F. Mackay, the Consultant Venereologist, reports that there is little comment upon this year, but has kindly supplied the following figures:—

NUI	MBER OF NE	W CASES IN	YEAR	
Local Authority Area	Syphilis	Gonorrhoea	Other Conditions	Total
Blackpool	26	155	497	678
Lancashire C.C.	7	41	122	170
Others	_	3	13	16
TOTAL	33	199	632	864

A more detailed analysis of these figures is shown in the following table:—

	NEW CASES OF INFECTION	Totals	Male	Female
1. (i)	Syphilis:— Primary	6	5	1
(ii)	Secondary	6	2	4
(iii)	Latent in first year of Infection	1	1	
(iv)	Cardio-vascular	5	4	ī
(v)	Of the nervous system	4	ī	3
(vi)	All other late and latent stages	8	4	4
(vii)	Congenital (under 1 year)	_	_	_
(viii)	Congenital (over 1 year)	3	1	2
	Total of Lines included in 1	33	18	15
2.	Gonorrhoea	199	145	54
3. (i)	Chancroid			
(ii)	Lymphogranuloma Venereum (Syn. Lymphogranuloma Inguinale)	_	_	_
(iii)	Granuloma Inguinale (Syn. Granuloma Venereum)	_	_	
(iv)	Non-Gonococcal Urethritis	125	125	
(v)	Non-Gonococcal Urethritis with Arthritis	1	1	
(vi)	Late or Latent Treponematoses presumed to be non-Syphilitic			
(vii)	Other conditions requiring treatment within the centre	254	75	179
(viii)	Conditions requiring no treatment within the centre	252	155	97
(ix)	Undiagnosed Conditions			
	Total of Lines included in 3	632	356	276
	Grand Totals (1 2 and 3)	864	519	345

Section 22—Care of Mothers and Young Children

Six Local Authority Clinics situate in various parts of the town serve the mother and young child.

Bispham Clinic
Hawes Side Clinic
Layton Clinic

Health Centre Clinic—Converted hospital ward—meets majority of requirements.

Mereside Clinic —Converted church into combined clinic/library. Insufficient space to be totally satisfactory.

Thames Road Clinic—Church hall on hire for one session per week.

An emergency clinic inadequate for needs of the area.

The new purpose built clinic at Abbey Road, in the Southern part of the Borough is now well advanced in construction, and scheduled to open in March 1966, and will replace the temporary accommodation at Thames Road.

The building will accommodate all types of Health clinic sessions (some of which are not operated at present through lack of space), a school dental suite, offices for field workers and rooms for lectures, demonstrations and other meetings.

The tables below show details of attendances at the six clinics.

		icipal th C.	Bisp	ham l		wes de	Lay	ton	Mer	eside	Tha	mes	То	tal
ildren born 1965														
irst Visits	333	*	387	*	298	*	193	*	71	*	121	*	1,403	*
e-Visits	2,375	*	2,379	*	2,447	*	1,329	*	658	*	973	*	10,161	*
tal Visits hildren born														
1964	1,684	*	1,959	*	1,796	*	1,072	*	561	*	1,210	*	8,282	*
1963/60	123	*	651	*	201	*	307	*	226	*	157	*	1,665	*
of children who tended during the ar and who were orn in :														
1964	251	(283)	297	(302)	210	(212)	144	(160)	66	(71)	124	(107)	1,092	(1,135)
1963/60	73	(99)	216	(204)	111	(151)	77	(73)	101	(97)	69	(45)	647	(669)
of Sessions per year	102	(104)	99	(99)	100	(100)	53	(53)	52	(52)	49	(49)	455	(457)
rage attendances	44.2	(48.0)	54.3	(59.0)	47.4	(50.8)	54.7	(59.6)	29.1	(30.7)	50.2	(41.4)	47.3	(50.7)

Comparative figures for 1964 are shown in parentheses.

The total number of visits in 1965 was 21,511 compared with 23,191 in 1964; a decrease of 3.4 children per session to 47.3. This figure still exceeds the 1963 average of 47.0.

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^{*}Indicates no comparative figures available following change in method of recording, from age at time of visit, to year of birth, this change being operative from 1st January, 1965.

Ante-Natal Clinics. Clinics were held at the centres shown in the table below which show details of attendances, etc., over the year.

	Municipal Health Centre	Bispham	Hawes Side	Layton	Mereside	Total
First Visits	353 (429)	147 (180)	90 (161)	68 (96)	28 (53)	686 (919)
Total Visits	2,824 (4,038)	1,485 (1,772)	1,018 (1,509)	676 (829)	265 (437)	6,268 (8,585)
Number of women who attended during the year	492 (617)	222 (274)	161(245)	119 (143)	58 (79)	1,052 (1,358)
Number of Clinic Sessions per year	99 (149)	100 (102)	97 (99)	52 (52)	50 (50)	398 (452)
Average attendance per Session	28.5 (27.0)	14.8 (17.4)	10.5 (15.2)	13.0 (15.9)	5.3 (8.7)	15.7 (19.0)

Comparative figures for 1964 are shown in parentheses.

Attendances are well reduced compared with those recorded for 1964, the only increase per session being at the Health Centre clinic and this obviously due to the cancellation of one session per week.

Appreciation is extended to Glenroyd Maternity Hospital and the Victoria: Hospital for their willing co-operation in the ante-natal care field during the past twelve months.

Post Natal Services

There was a decrease in attendances at all Post Natal Clinics, details being as follows:—

	Municipal Health Centre	Bispham	Hawes Side	Layton	Mereside	Total
1st Visits	196 (243)	68 (111)	74 (104)	46 (53)	21 (27)	405 (438)
Re-visits	21 (57)	5 (29)	13 (25)	1 (7)	1 (3)	41 (121)
No. of Clinic sessions per year	48 (48)	13 (13)	38 (24)	12 (12)	10 (13)	121 (110)
Average attendance per session	4.5 (6.3)	5.6 (10.7)	2.3 (5.4)	3.9 (5.0)	2.2 (2.3)	3.7 (5.0)

Comparative figures for 1964 are shown in parentheses.

A doctor of the Blackpool and Fylde Hospital Management Committee is in attendance at the Post Natal Clinic on Thursdays p.m. at the Municipal Health Centre, a proportion of his salary being met by this Authority for these services.

Confinements in Hospital and admissions to Hospital on Social Grounds.

The Council continue to loan the clinic premises at the Municipal Health Centre to the Blackpool and Fylde Hospital Management Committee, who hold, on Friday morning of each week, a special ante-natal booking clinic for those expectan mothers who wish to have their confinement in Glenroyd Maternity Hospital. This clinic is attended by the Consultant Obstetrician to the Hospital Managemen Committee.

Usually all first confinements are booked but other cases are assessed according to their medical and obstetrical needs. Those considered suitable for home confinement are referred to the Health Department and visited by the district midwife, who, if she feels that the home conditions are satisfactory, books the case. Should the home environment be unsuitable a report to that effect is forwarded to the Glenroyd Maternity Hospital and the patient is invariably allocated a bed in the hospital. In certain cases expectant mothers are booked for confinement in Glenroyd but for discharge home shortly after confinement to the care of the domiciliary midwife. During the year 210 cases were investigated and of this number 106 were booked for confinement in Glenroyd. Of these 45 were considered suitable for early discharge. 90 were booked as home confinements and the remaining 14 were booked for other hospitals or made private arrangements.

All initial blood specimens are obtained at the Glenroyd Booking Clinic.

Close co-operation between the department, Glenroyd, and the Pathological Laboratory ensures that all Specimen Reports are attached to case notes with the minimum of delay.

CONGENITAL MALFORMATIONS

Congenital defects apparent at birth, continue to be reported by the Glenroyd Maternity Hospital, Victoria Hospital, St. Annes Hospital and the domiciliary midwives. Any malformation observable at the time of birth is notified to the Health Department on the Statutory notification of birth, and is described as accurately as is possible at the time.

In the case of stillbirths notified to the Department, information is requested from the Blackpool Victoria Hospital Pathological Department for the findings of the post mortem examination, and the Laboratory Staff are most co-operative in supplying this information.

These cases are coded according to the type of malformation, and a return, giving identity numbers (not names) is submitted each month to the Ministry of Health. On receipt of a notification of birth reporting a congenital malformation, the information is transferred to a wallet folder which is passed to the Assistant Medical Officer for the district concerned. These folders are filed separately at the area clinics to enable the Medical Officers to keep the children under surveillance.

During 1965, 33 babies were found to be suffering from congenital defects; 15 of this number being stillborn including one set of twins.

PHYSIOTHERAPY

It is pleasing to report that at the end of the year two full-time physiotherapists and one part time physiotherapist were employed against the establishment of three full time staff. One immediate benefit has been the operation of a clinic for children at Hawes Side in addition to those at the Health Centre and Bispham clinics. An increase in the ante-natal sessions has also been possible at Layton clinic, some of the increased attendance, however, being due to a transfer from the Health Centre clinic of ladies living nearer to Layton clinic.

The physiotherapists continued their visits to the Woodlands, Park and Open Air schools. The Norbreck Hydro swimming pool was used one morning per week by the handicapped children who continue to make good progress with swimming proficiency tests and hydrotherapy.

The following table gives details of treatments at clinics during the year:—

	TREATMENT						
	Artificial Sunlight	Remedial Exercises	Radiant Heat	Massage			
Expectant and Nursing mothers							
Health Centre	_	620 (919)	_	_			
Bispham	1 (2)	327 (352)	_	_			
Hawes Side	_	255 (233)	_	_			
Layton		110 (37)	_	_			
TOTAL	1 (2)	1,312(1,541)	_	_			
Children :—							
Health Centre	1,919 (2,234)	254 (534)	— (I)	52 (89)			
Bispham	597 (290)	217 (76)	2 —	79 (29)			
Hawes Side	425 —	80 —		6 —			
Total	2,941 (2,524)	551 (610)	2 (1)	137 (118)			

Figures in parentheses are those recorded in 1964.

PHENYLKETONURIA

Routine testing of newly born infants continued there being 2,242 phenistix tests carried out (against 2,164 tests in 1964). There were no confirmed cases.

FAMILY PLANNING CLINIC

The Medical Officer, Chairman and Honorary Secretary of the Blackpool and Fylde Family Planning Clinic have once again furnished the following abridged details on the activities of the clinic during the year.

Our Aims

This Clinic exists to promote happy and healthy family life by giving advice to married couples.

Patients are advised how to space their pregnancies at reasonable intervals and laught the method of birth control most suited to each case. Every patient returns regularly for gynaecological examination, and if necessary is referred to her family doctor.

Help is given to those who have difficulties with the marriage relationship or who are involuntarily childless.

Clinic Details

During the year 2,349 patients sought advice and made a record number of 3,660 visits. It is interesting to compare these figures with those of three years ago when 1,310 patients made 2,224 visits. The average attendance at each session has increased approximately from 24 to 40 patients.

Report by Chairman, Mrs. T. S. Blacklidge.

Events have moved quickly since our last report. The findings of Professor La Fitte and his committee became law at the A.G.M. in Harrogate in May, and in future we shall be the largest clinic in Branch 15, which extends from Blackpool to the Scottish border on the West side of the country.

In spite of so much willing and devoted help from our voluntary lay workers, our expenses are high, chiefly because of a rise in medical and nursing salaries and the increased volume of work which has necessitated the buying of a considerable amount of equipment.

With the money we have laboriously saved during 13 years, we have been able to open and equip two sub-clinics—one in Fleetwood and one in Lytham, which should relieve the pressure on Blackpool. We are delighted to welcome the new lay staff who are already hard at work. All this is largely due to our wonderful Honorary Secretary, Mrs. Dafforn, to whom we owe our heartfelt thanks. We should also like to thank the officials and staff of Fleetwood Hospital, and Dr. Morris and the staff of Bath Street Clinic, Lytham, for their invaluable assistance and the kindness of their welcome.

Our medical and nursing staff have been working very hard indeed and we are grateful to them for their loyalty and enthusiasm.

We welcome Mr. John Pitchford, who has been appointed Secretary to Branch 15. He has excellent qualifications and a very pleasant personality, and I feel sure he will work happily with us.

The coming year will bring much concentrated hard work for all of us, but I know we can rely as always on all our staff, whether medical, nursing or lay, to do all in their power to make it a success.

Report by Medical Officer

Dr. Kathleen M. Helm, Senior Medical Officer, reports on the medical aspects of the clinic.

"The work of the clinic in its thirteenth year has increased far beyond our expectations. All sessions have become extremely busy. However, we have opened new clinics in Fleetwood and Lytham and these will, we hope, help to reduce the work in Blackpool and cut down the patients' waiting time. We now have three Medical Officers working on Tuesdays, and two on Thursdays.

We have two new nurses, Mrs. Philbrook and Mrs. Barnett. The Preston Branch of the F.P.A. fortunately have different clinic days from Blackpool, and their Medical Officer, Dr. Marjorie Brookes, has joined our staff as official locum.

We continue to take as many cervical smears as time allows and are grateful to the staff of Christie Hospital for reading the slides. The new duplicated forms they supply, with the report they send direct to the patient's G.P., has helped to cut down our paper-work. We are able to take a few smears from non-F.P.A. patients sent by their doctors.

The oral contraceptive is requested by a large proportion of the women who attend the clinic, but we have an increasing number of requests for the intra uterine device—the clinic for the latter will be started any week, we are just awaiting the completion of alterations to the room we use at the Health Centre.

We will have our own phone installed at the clinic within the next few weeks. Calls can only be made during clinic sessions, but we feel this will be an improvement on the present system.

We are now at the end of a phase. The new organisation of the F.P.A. is taking over. We feel this will increase the efficiency of the service but we do not intend to let it alter the personal interest all medical and lay staff have for the work.

It would not be fitting for us to end this report without a most sincere thank-you to the Secretary, Mrs. Dafforn, the Chairman, Mrs. Blacklidge, all old and new members of the lay staff who work so hard, so cheerfully and such long hours. Also our thanks must go to Dr. Wauchob and his staff for their constant help and encouragement, and finally to the caretakers who prepare for our arrival and often to clear away at a very late hour."

DAY NURSERY

The Council's Day Nursery is situate adjoining the Municipal Health Centre, and whilst it is constructed to handle 50 children, the number of staff employed confines the number under care at any one time to 21. but in an extreme emergency this figure has been exceeded. In consequence only necessitous cases can be admitted, and other cases are referred to homes registered under the Child Minders' Regulations. Again there was a long waiting list throughout the year including the winter months during which time there was usually a slackening off in demand due to seasonal employment. A reduction in the number of registered unemployed females in successive years is the only apparent reason for this occurrence.

Matron, Mrs. Oliver, reports: "The Nursery continued to run as lively as possible, but with pretty much the same routine as last year. The Nursery was open from 8.00 a.m. to 6.00 p.m. daily, and was well attended. Medical examinations were carried out each month, and the children received screening tests for hearing. I am happy to report far fewer coughs and colds this year, and infectious diseases were nil.

We continued to make 'Play' as attractive as possible for the children. In the winter months we provided them with pastry to roll, painting, puzzles, sand and cutouts, along with other educational toys. All were very popular, as usual. The summer months were spent out-of-doors whenever possible, and teas given on the lawn.

A Christmas Party was given, and was a huge success. Money donated by the W.V.S. was spent on toys and Christmas fare. Mr. Dowling proved an ever popular Santa Claus, and we were pleased to welcome Dr. Wauchob and other members of our Health Department to the party.

Generally the children presented no real problems—being brought into the nursery clean, well shod and happy. Care was taken to teach cleanliness, washing of hands and face, toilet usage, hygiene of towels, face-cloths and pillow-cases, etc.

Our Nursery Assistant was married in March, and stayed with us until December; her post was taken by Miss Doreen Scott. We also received extra 'hands' from school leavers of St. Catherine's School, to whom many thanks are extended."

Staff

Matron	Nursery Nurse	Nursery Assistants	Domestics		
t	1	1	l (part-time)		

Attendances

	Total	Average Daily	Days Open
Monday to Friday	4,041	15.7	257

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

Registrations under the above act at the end of the year numbered 19, in comparison to 16 at the end of 1964. The composition was as follows:—

Private Day Nursery: 1 ... 20 children

Daily Minders: ... 18 ... 128 children

Every effort is made by the department to ensure compliance with the Act, and when unregistered Minders are detected a visit is made by one of the department's Medical Officers. The local newspapers have co-operated in refusing to insert advertisements from intended Minders unless authority has first been obtained from the Council. Shop window notices, a popular method of advertisement, have led to the detection of would-be Minders, and have led to the department being able to draw the attention of would-be Minders to the provisions of the Act. It is not considered that the unregistered Minder constitutes a problem in the town, mainly due to the vigilance of the department's Visitors.

WELFARE FOODS

Tables below show sales made during the year together with comparative figures of previous years.

	National Dried Milk	Cod Liver Oil	Vitamins	Orange Juice	Proprietary Brands Welfare Foods		
1965	 20,443	1,865	1,322	23,516	41,144		
1964	 22,103	1,917	1,456	22,235	40,816		
1963	 26,470	1,886	1,670	21,772	35,744		
1962	 22,846	2,041	1,908	19,064	37,447		
1961	 22,921	3,547	3,970	37,086	29,934		

It is interesting to note that once again the decrease in National Dried Milk is offset by a rise in Proprietary Brand Foods.

The total receipts for these issues amounted to :—

	ExM.O.F. Welfare Foods	Proprietary Brands Welfare Foods
1965	£4,209	£4,948
1964	£4,189	£4,901
1963	£4,462	£4,290
1962	£4,7 98	£4,448
1961	£3,783	£3,744

Proprietary Foods. The following foods are available at all Infant Welfare Clinics; selection of the type of milk or food is normally the mother's choice, excepting where the Medical Officer in attendance at the clinic feels that the infant would benefit from a certain type of milk or food. There direction is normally accepted by the mother who continues to feed the baby accordingly until otherwise advised.

The list shows the unit sales during the year :—

Ambrosia Tablets	• • •			53
Baby Books		•••		1
Baby Rice				609
Carnation Milk		• • •		601
Cow and Gate F.C.		•••		4,225
Cow and Gate H.C.	• • •			21
Eye Droppers				112
Farex	• • •	• • •		1,458
High Protein Cereal				831
Horlicks				547
Lactagol	• • •			
Malt and Oil	• • •	•••		163
Marmite		•••		420
Mixed Cereal (Robres	()			206
Ostermilk No. 1	• • •			93
Ostermilk No. 2		• • •		8,102
Ovaltine		•••		872
Ovaltine Rusks		• • •		499
Robsoup	• • •	•••		2,598
Robsweet		•••		2,070
Rose Hip Syrup		•••	• • •	7,132
S.M.A	• • •	•••	• • •	2,496
Scotts Cereal		•••		807
Trufood	• • •	•••	• • •	1,990
Virol		•••		287
Vit. A and D. Liquid	•••	•••	•••	4,951
		Total		41,144

MOTHER AND BABY HOMES

During the year 15 cases have received financial help from the Department following requests made by voluntary bodies. Details of these cases are as follows:—

	No. of	Da	ays
Home to which admitted	Cases A	Inte-Natal	Post-Natal
The Grange, Wilpshire, Blackburn	8	292	221
Girls' Hostel, Lancaster	4	170	135
Fylde House of Help, Blackpool	1	14	32
Parkinson House, Preston	1	18	
Manchester & Salford Methodist Mission	1	48	14
Total	15	542	402

There was no change in the financial arrangements whereby grants are given to the Lancaster Diocesan Protection and Rescue Society and the Blackpool and Fylde Moral Welfare Committee. The Health Committee also continued to make a payment of £5. 0s. 0d. per Blackpool case dealt with, these totalling 156 during the year to the Committee.

The only Mother and Baby Home situate in the Borough is the Fylde House of Help at 141 Hornby Road, administered by the Moral Welfare Committee. The Secretary informs me that 108 cases were admitted during the year with an average duration of stay of 59 days.

ILLEGITIMATE CHILDREN

The Health Visitors, in co-operation with the Moral Welfare Worker, continue to keep a vigilant eye on these children. The Children's Officer is also concerned especially where adoption is involved.

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS

The establishment of Dentists who can be called upon to carry out treatment to expectant and nursing mothers, and children under school age, is as follows:—

- 1 Senior Dental Officer
- 2 Whole-time Dental Officers
- 2 Part-time Dental Officers.

Dental Clinics are situated as follows and treatment may be obtained at any of these during the regular sessions:—

Central Clinic, Whitegate Drive.

Dental Clinic, 350 Lytham Road.

Dental Clinic, Ashburton Road.

Mr. Smith, the Chief Dental Officer, continues to attend the Ante-Natal Clinic on Friday mornings at the Health Centre to advise expectant mothers on oral hygiene and any necessary dental treatment, and the need for regular visits for dental inspection, especially during pregnancy. He reports on the service as follows:—

"There is still little demand for treatment in this Service. It can be seen at inspections at the Intake Clinics that the greater proportion of expectant mothers are attending regularly for treatment at private practitioners, while quite a small proportion are in possession of full dentures, and a somewhat greater proportion possess upper and/or lower partial dentures. It would appear that there are still quite a number of these patients who are not aware that all treatment is free, especially when dentures are provided."

No. of Patients	Attendances	Extractions	General anaesthetics	Fillings	Dentures	Completed
M. & C. W. 2	6	11	2	_	2	2
Pre-School 18	18	29	14	8	_	15

SECTION 23—MIDWIFERY SERVICE

The establishment of eight Domiciliary Midwives was down by two at the beginning of the year. These vacancies were filled in May and June. For the first time one midwife obtained Corporation accommodation with a garage.

Once again the domiciliary births were lower, 368 against 389 for 1964. The number of early discharges from Hospital showed a considerable increase—472 against 316 in 1964.

At the beginning of the year a modified five day week was introduced—each midwife having a clear 48 hours off duty. In June when the establishment was complete this was extended to two days and three nights off duty per week. This was much appreciated by the midwives but was not always possible to maintain during sick leave.

Five of the midwives are approved district teachers and one was approved during the year. 22 pupils completed Part II training on district and six were with the department at the end of the year. One midwife attended a statutory Post Graduate course of one week.

Accommodation

Midwives own House ... 3

Local Authority House ... 4 (one with garage)

Local Authority Flat ... 1

Transport

Car owned by midwife ... 5
Cycle owned by midwife ... 1
Public transport used by midwife 2

The Ambulance Service continue to help with transport of equipment and pupil midwives, particularly during the night. This help is much appreciated.

Analgesia

During the year a Trilene Machine was obtained which is much lighter for one: midwife to carry. Seven Minnett Gas and Air Machines are also in use. The B.O.C. kindly loaned a Gas and Oxygen Machine which is on trial.

The following table shows the number of confinements attended by all midwives in the borough:—

	Confinements	Confinements with the use of :-						
	Attended	Pethedine	Trilene	Gas/Air Analgesia	General Anaesthetic			
(a) Local Health Authority Services— Municipal Midwives	368	184	22	296	_			
(b) Hospital Scrvices—In State Hospitals	2,271	1,457	508	927	120			
(c) In Private Practice—Domiciliary, Nursing Homes, etc	3	-	I	2	_			
Total—All Services	2,642	1,641	531	1,225	120			

The table below shows the trend of domiciliary and hospital confinements in the borough from 1957 to 1965.

	1965	1964	1963	1962	1961	1960	1959	1958	1957
Hospital	2,271	2,239	2,157	2,001	1,907	1,824	1,751	1,626	1,648
Domiciliary	368	389	406	434	432	410	379	388	368
Maternity Homes	3	141	149	104	83	55	5	_	75
Totals	2,642	2,769	2,712	2,539	2,422	2,289	2,135	2,014	2,091

Of the above confinements 32 resulted in twin births, 31 occurring in hospitals and one domiciliary confinement.

Care of Premature Infants. The number of domiciliary premature births during 1965 was 20, compared with six in 1964.

Infants were nursed in their homes, and all made satisfactory progress under the care of the midwife and medical practitioner. In some cases the infant was entirely breast fed on discharge.

No special difficulties were encountered in the service.

Charted below are details of premature live and still births in the borough.

					Pre	ematu	re liv	e births						
						Born at home or in a nursing home								
Weight at			orn in spital		а	lursed t hon nursi	ne or	in a		hospi	ferrectal on 28th	or		nature lbirths
birth		Died					Die	d			Die	d	Born	
	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	In hospital	At home or in a nursing home
2 lb. 3 oz. or less	4	1	2	1	_	_	_	_	_	_	_	_	6	_
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	10	4	4	-	_		_	_	_	_	_	_	2	_
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	16	_	2	2	2		_	_	_	_		_	5	_
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	20	1		1	3		_	_	_			_	5	_
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	61	_	. 1	_	15	_	_			_	_	_	3	
Total	111	6	9	4	20	-	-	-	-	_	_	_	21	

SECTION 24—HEALTH VISITING

In my report for 1964 I stated that "there will need to be a radical reassessment of the service if the health visitor is not to find she is becoming the 'Jack of all Trades.' Her primary aim must and should continue to be with preventive rather than curative medicine."

I am therefore pleased to report that during the year 1965 there has been a definite advance in the shape and direction of this service, and the health visitors' special skills are now being regarded as an integral part of an efficient and effective Health Service.

At the end of the year the staffing position was unchanged. Miss Hanson and Miss Taylor who left the service and Miss Wroe who retired after 21 years' service with the Borough Council were replaced by Miss Holden, who joined the staff, and two students, Mrs. Newlove and Miss Toomey, who returned after successfully completing their training.

1965 saw the introduction of the new Syllabus and Regulations of the Council for the Training of Health Visitors and the Health Visitors and Social Workers' Training Regulation Act, 1962.

Four students were selected for training under the Council's scheme. Mrs. Beverley commenced training at Bradford, Mrs. Fitzgerald-Lee at Manchester, and Miss Whatmough and Miss Powell at Aberdeen.

During the year the policy of the administration has been directed towards increased attachment of health visitors to general practice; there are now four health visitors in full time attachment to groups of three general practitioners, increased liaison with Hospital Consultative Services and Medical Social Workers and in the field of Health Education.

At the end of the year and at the request of Dr. Stewart, Consultant Physician, arrangements were made for a health visitor, Mrs. Harrap, to attend the diabetic clinics at Victoria Hospital and to carry out supervisory and advisory home visits. Dr. Weinbren and Dr. Duncan have also requested that Mrs. Harrap's services should be extended to their patients. As in other spheres it is only with practice that the extent of the need for the service is ascertained; my report of 1966 will contain more details of this particular service.

Liaison still exists with Dr. Bound's Paediatrics Out-Patients Clinic, the Chest Clinic and the Medico-Social Workers but it is regretted that with the exception of Devonshire Road Hospital it has not been possible to establish an After-Care Service as recommended bythe Ministry of Health. It may therefore be that many patients and their families have not been able to avail themselves of the health visitor's help.

The increased recognition of the health visitors' sphere in health education during the year may indirectly owe a great deal to recommendations of the Newsome Report and the emergence of the desire of young people to be of service to the community.

Although previously health visitors worked in close liaison with the school staffs in their role as school nurses, a new relationship has now been established—instead of working side by side in their own specialities health visitors and school teachers are now working together in particular with regard to extra mural activities of senior pupils and it has given the staff great pleasure to assist in arranging visits and for senior girls to gain experience of the work of the Department and Child Welfare Clinics. With the trend towards earlier marriage and parenthood and the raising of the school leaving age, the gap between the two will be further reduced, therefore this opportunity to establish contact and gain the confidence of young people, and to assist teachers in education for health and happiness is of great importance.

In the inauguration of the Youth Community Service the health visitors were actively involved as "case finders" introducing young people to the cldcrly who were in necd of their services—many good relationships in this way were established and as usual health visitors found opportunities for informal health education.

The staff would like to thank all Head Teachers, and in particular Miss E. L. Oldham, Head Teacher of Elmslie School, and Mother Bernard Joseph, Head Teacher of St. Catherine's School, for their co-operation, Mr. T. B. Shipley of Palatine School for his invitation to take part in the school's "Civic Week" and the Rev. Brian Brown for his invitation to take part in the Christian Education Movement in Schools Course on "Living Together."

Health visitors have continued to co-operate with the tutors of Victoria Hospital in the training of student nurses—they have been guest speakers at many meetings and given voluntary service on committees.

In-service training of health visitors has continued. In addition to a lecture demonstration by Dr. Robson of the Fulwood Diagnostic Clinic, a further eight health visitors received training in the Screening Tests of Hearing of young children. Mr. Hall, Manager of the N.A.B. gave a talk to the staff on the 8th November, 1965, and the Central Council for Health Education held a two-day course on 16th and 17th November, 1965.

Although this report deals mainly with new developments during the year, great care has been taken in order that there has been no curtailment of the existing service for mothers and young children and in particular for the many elderly people, rather have these new developments further revealed the need potential.

Once again the staff wish to express their appreciation of the generous support of the many voluntary organisations which is given so readily.

The Health Visitor in General Practice.

Dr. E. Rogan has kindly contributed the following evaluation of the work of Mrs. Price, Health Visitor, on behalf of himself and Drs. Heaney and Banim.

"For the past two years the work of this practice has been considerably helped by the assistance of a Health Visitor from the Department of the Medical Officer of Health.

The practice is a partnership of three Doctors working from a surgery situated centrally and serving about seven thousand patients scattered all over Blackpool. This practice has always made a special feature of its Ante-Natal and Infant Welfare care.

At first the Health Visitor was based at the Health Department Offices but it was soon evident that a closer and more satisfactory relationship could be achieved by allocating a room at the surgery for her use. This was a logical step following an arrangement with the Medical Officer of Health, that she would care exclusively for our patients.

So that we could take full advantage of her experience and help, the Doctors re-organised their methods of work and decided that all would consult each morning. As the Health Visitor is present at the surgery at the same time as the Doctors, medical and social problems can be dealt with immediately as they arise, especially those relating to problem families.

Prior to 1964, while we were aware of the valuable work done by the Health Visitor, it was almost completely dissociated from us, and, through lack of communication much of its value to us was lost. It is our opinion that preventive and curative medicine should not be separated and that advice on matters of health is more acceptable when it comes from one who has helped in a course of illness and anxiety. The District Nurse and the Midwife have always had this advantage, and now through her association with the family Doctor the Health Visitor is drawn more directly into the team.

An Infant Welfare Clinic is held every week and here the Health Visitor plays a major role advising and helping the mothers with problems which arise in the management of their children and more positively advising them in normal development in the hope of achieving the much to be desired 'positive health' in the future adult. A doctor is always in attendance, dealing with specific medical problems which may arise. All immunising procedures are carried out.

We find that in Infant Welfare Clinic held in the family doctor's surgery can never deal with the under five-year olds alone, as mothers tend to seek advice for all the family. Arrangements are being made to commence routine medical examinations of all the pre-school age children of the practice, including hearing tests at the age of seven months.

The practice also has a weekly Ante-Natal Clinic and although the Health Visitor is not obliged to attend she always makes a point of doing so. Not only does she get to know the prospective mothers but uses this valuable time to further general health education at a time when the patient is most receptive.

Our Health Visitor gives valuable help to the elderly, visiting them in their homes and co-ordinating the various social and medical services available to them. The Doctors feel that this is a most helpful feature of her work and that the care of the elderly has been vastly improved by bringing this group of the community within the ambit of the Health Visitor.

We are grateful to the Medical Officer of Health and the Superintendent Health Visitor for the help so freely given in this new venture. We realise the problem to the Health Visitor in adapting her self to the different atmosphere in general practice, itself at a crisis in its development, and particularly to the problem of a practice in the process of reorganisation. But for her adaptability the experiment might have failed.

We hope that the undoubted success of this venture may be the forerunner of even more co-ordination between the family doctor and the other services provided by the Local Health Authority. There would seem to be no reason why the same degree of success should not follow the attachment of the District Nurse and the Midwife to the family Doctor Services."

Mother Bernard Joseph, Head Teacher of St. Catherine's Girls' School writes:

"I should like to take this opportunity to thank both you and your staff for the hard work, patience and understanding you gave to our first year's course. If you ever had any doubts as to its success you need only look back to the raw material with which you started in September. They have matured and developed in a way not usual with the four year C stream pupils.

The certificates which we propose to award will considerably help to establish the importance which we are trying to attach in the minds of parents and children to these out-of-school activities. Thank you for what I hope will be the first of many years of successful work with your department."

Mr. T. B. Shipley, Head Teacher of Palatine School writes:

"Health hygiene and sex education are integral parts of the curriculum for the senior girls in the school. Mrs. Harrap visits the school one afternoon each week and talks to and discusses problems with groups of girls. All the girls in attendance have the permission of their parents.

Of course the same subjects are covered in a broader sense in Biology, Housecraft and Religious Education by other specialist teachers. Mrs. Harrap's special contribution is her contact as a familiar stranger. A qualified nurse and health visitor, she enjoys the confidence of the young girls, whom she sees once a week over a period of several weeks. Her relationship with the girls is not sufficiently intimate to cause embarrassment and questions flow readily without inhibitions. Facts alone however could do as much harm as good and Mrs. Harrap constantly stresses the psychology of sex and the consequences of wrong decisions.

In this way it is felt that ignorance is removed and the girls are helped to achieve sound standards."

Statistics. Below is shown the number of cases dealt with by Health Visitors during the year and also the details of visits together with clinic sessions attendances.

Cases

Children born in 1965 (1)	born b 1964 (2)		1dren orn 50–63 (3)	orn of children cols. 1-3 (4)			No. in col, 5 visited at request of G.P. or hosp (6)	Mentally disordered persons (7)
No. in col. 7 visited at request of G.P. or hosp. (8)	Persons disc from hosy (Other the mental ho (9)	oital nan	visit requ G.P. c	n col. 9 ted at test of or hosp. 10)	hou vi	of T.B. seholds sited 11)	No. of households visited re her infectious diseases (12)	No. of T.B. households visited by T.B. Visitors (13)

SECTION 25—HOME NURSING HOME NURSING SERVICE

At the beginning of the year the establishment was complete, and an off-duty weekend of two days was introduced every third week instead of every fourth week. So far it has not been possible to extend this.

The establishment was increased by two in April, making a total of 33. There were several resignations during the year and it has not been possible to fill all the vacancies.

It is with regret that we report the death in November of Mrs. E. Kitchen, S.R.N., after a very brief illness. Mrs. Kitchen had only been with the Department for two years but had proved a valuable member of the staff and is greatly missed by patients and colleagues.

During the year three Queen's Nurses from other areas joined the staff. At the end of the year 29 full time and two part time staff were employed (including three male nurses). Sixteen of this staff are Queen's Nursing Sisters.

The late evening service has continued and a number of patients have benefited by injections. Although the service has not been used to its full extent, a number of calls were not of the type for which this service is intended.

Mrs. Errington (Miss Webster), Mr. Rollinson and Miss Clarkson were successful in obtaining the certificate of the Q.I.D.N. Mrs. Dale and Mrs. Williams were taking this training at the end of the year. For the first time we were able to offer training to new members of the staff, and Miss Clarkson was the first student to undertake training of this kind.

Transport

Twenty-three Nurses were using their own cars, four autocycles, three pedal cycles and one public transport.

Disposable Equipment

A continual supply of disposable syringes have been used during the year. These have helped considerably where it is impossible or difficult to boil a syringe.

Incontinent Pads

The demand for these pads has increased considerably during the year and we are now using 1,000 per month. The staff collect these from the Health Centre for their patients, those with cars delivering pads for their colleagues with other means of transport.

The disposal of pads has so far not proved a great problem. Bins have been provided for a few patients and collected for disposal by the Health Department staff.

Marie Curie Memorial Fund

This has been used to a greater extent during the year. Apart from extra nourishment provided a few patients had the service of a trained Nurse for night nursing. In one instance the patient, who was dying, would have been alone all night but for this service.

Visits

The following table shows the numbers of patients attended and the respective number of visits made.

number of visits made.											
		Analysi	s of Cases		Visits to all Cases						
	Under 5	5-65	Over 65	Total	Under 5	5-65	Over 65	Total			
		52	16	68	_	5,296	318	5,614			
Tuberculosis	12	363	409	784	86	7,861	11,391	19,338			
Surgical Medical	6	718	2,035	2,759	64	15,889	56,433	72,386			
Infectious Disease											
Maternal Complications		30		30		248		248			
Others	1	34	48	83	5	174	603	782			
TOTAL	19	1,197	2,508	3,724	155	29,468	68,745	98,368			
A	1	1	<u> </u>								

By comparison with 1964 the above figures show increases of 413 total case and 7,036 total visits.

Slight reductions (11 patients and 785 injections) are recorded in the figures fo patients requiring injections.

ng injections.		Patients	Injections
Anti-Biotics Diabetics Other	 	 354 480 5,651	6,558 11,510 25,048
Odlei		6,485	43,116

Visitors to the town continued to seek treatment and 1,236 visits were made to patients requiring the following service:—

Surgical Dressings					31
General Nursing			• • •		18
Enemas			• • •	• • •	4
Insulin Injections	• • •	• • •	•••	• • •	45
Other Injections	• • •	• • •	• • •	•••	138
					236

SECTION 26—IMMUNISATION AND VACCINATION

The outbreak of poliomyelitis in Blackburn in August, 1965 resulted in a suddenly increased demand for poliomyelitis vaccination in Blackpool.

The immediate concern was the people travelling daily to Blackburn in the course of their work, those travelling from Blackburn into Blackpool, transport personnel making stops in Blackburn, and also the Blackburn people on holiday in this town.

A poliomyelitis vaccination centre was set up in the School Clinic at the Municipal Health Centre, and this was open all day and available to those people mentioned in the last paragraph. This service was apparently much appreciated, and was kept open for six weeks.

The outbreak naturally caused considerable public apprehension, and the vaccination and immunisation clinic sessions at the Municipal Health Centre and peripheral clinics had to call for reinforcements from other sections of the Department to deal with numbers requesting vaccination. However, the sessions ran smoothly, and at no time did any member of the public have an undue wait for vaccination.

Naturally many enquiries were received from anxious parents regarding booster doses of vaccine for their children, and the demand was so great that it was decided to send Health Department staff in to the schools to give booster doses of poliomyelitis vaccine to all children between five and eleven years of age who were due for a booster. The amount of work involved in obtaining written consents, extracting and checking records, and in visiting schools and giving the booster doses, was very considerable.

Every co-operation was received from the headmasters and teachers of the schools visited, and appreciation is felt in the Health Department for their help in making the scheme run smoothly and efficiently.

The return of statistics on vaccination is now shown in a table combining Diphtheria, Whooping Cough, Tetanus and Poliomyelitis vaccinations. The figures for Smallpox vaccination show a little improvement over 1964 but as there has been little infection reported, in consequence there has been no panic to be vaccinated.

Smallpox vaccination

Persons aged under 16 years

Age at date of Vaccination	Under I	1	2 to 4	5 to 15	Total
Number vaccinated	666	146	105	34	951
Number re-vaccinated	_	ı	24	38	63

Diphtheria, Whooping Cough, Tetanus and Poliomyelitis Vaccination of persons under 16 years completed during 1965

Table 1—Completed Primary Courses—Number of persons under age 16

Type of vaccine or dose			1	Others under	Tota1		
Type of vaccine of dose	1965	1964	1963	1962	1958-61	age 16	Total
1. Quadruple DTPP	_	4	_	_	_	_	4
2. Triple DTP	571	661	69	31	27	8	1,367
3. Diphtheria/Pertussis	_	_	_	_	_	_	6
4. Diphtheria/Tetanus	_	3	4	5	115	71	198
5. Diphtheria	_	_	_	_	3	2	5
6. Pertussis	_	_	_	_	_	_	_
7. Tetanus	_	_	9	2	192	1,102	1,305
8. Salk	_	7	6	_	1	_	14
9. Sabin	268	1,056	245	147	406	300	2,422
10. Lines 1+2+3+4+5 (Diphtheria)	571	668	73	36	145	81	1,574
11. Lines 1+2+3+6 (whooping cough)	571	665	69	31	27	8	1,371
12. Lines 1+2+4+7 (Tetanus)	571	668	82	38	334	1,181	2,874
13. Lines 1+8+9 (Polio)	268	1,067	251	147	407	300	2,440

Table 2—Reinforcing Doses—Number of persons under age 16..

The state of the s										
	1965	1964	1963	1962	1958-61	Others under age 16	Total			
1. Quadruple DTPP	_		_	_	_	_	_			
2. Triple DTP	_	64	97	21	47	13	242			
3. Diphtheria/Pertussis	_	_	_	_	_	_	-			
4. Diphtheria/Tetanus		5	7	9	1,189	1,249	2,459			
5. Diphtheria	_	_	_	_	15	21	36			
6. Pertussis	_	_		_	_					
7. Tetanus		64	97	21	47	13	242			
8. Salk	_	_		_		1	1			
9. Sabin			_	5	3,778	3,827	7,610			
10. Lines 1+2+3+4+5 (Diphtheria)	_	69	104	30	1,351	1,283	2,737			
11. Lines $1+2+3+6$ (Whooping cough)	_	64	97	21	47	13	242			
12. Lines 1 + 2+4+7 (Tetanus)		133	201	51	1,283	1,275	2,943			
13. Lines 1+8+9 (Polio)	_	-	_	5	3,778	3,828	7,611			

SECTION 27—AMBULANCE SERVICE

The position with regard to staff, vehicles and statistics at the end of the year was as follows:—

Staff. The personnel establishment has been increased to 48 during 1965 and is composed of one Ambulance Officer, one Station Officer, four Shift Leaders and 42 Driver/Attendants. There were no vacancies at 31st December, 1965.

Sickness during the year totalled 680 days equal to over 113 working weeks.

Vehicles. One additional ambulance and two dual purpose ambulances were purchased during the year, all vehicles in these classes now using diesel fuel. The "fleet" consists of:

Ambulances: Dennis 9
Austin 1

Dual Purpose: Commer 3

Austin 3

Sitting Cars: Morris Oxford Estate (Petrol) 2

Train Journeys. Again there was a decrease in the transport of patients by rail, 43 cases moved as against 48 in 1964 and 73 in 1963.

Oxygenaire Unit. Nine requests for the use of this unit were made in the year, Glenroyd Maternity Hospital being the major demand.

"Flying Squad" This service was used on three occasions only.

Police Escort Journeys. Twenty-two journeys using police escort were made during the year; eight of the total being to the Burns Unit at Booth Hall Hospital, Manchester, the remaining 14 being other urgent transfers mainly cases of damage or disease to brain or kidneys.

Statistics. The following chart summarises the cases moved, journeys and mileage run during 1965. Figures for 1964 are given for comparison.

	19	64	194	65
	Stretcher	Sitting	Stretcher	Sitting
OUT PATIENTS "IN"	391	18,408	354	19,240
OUT PATIENTS "OUT"	360	18,308	333	18,914
HOSPITAL ADMISSIONS	2,501	1,494	2,608	1,623
HOSPITAL DISCHARGES	991	4,639	1,050	4,747
HOSPITAL TRANSFERS	988	660	920	753
NURSING HOMES, CONVALESCENT HOMES (Admission, Discharge and Transfers)	337	77	304	95
INFECTIOUS DISEASES	36	1,209	11	1,026
CHIROPODY	_	950	_	984
MIDWIVES	_	243	_	169
TRAINING CENTRES	_	21,255	_	23,198
CRECHE	_	1,549	_	1,440
SPASTIC CENTRE	_	647		732
EMERGENCIES	3,584	1,700	3,959	1,971
HOUSE TO HOUSE	84	45	75	28
ROOM TO ROOM	83	21	93	8
GLENROYD	799	9	- 380	6
TRAIN	19	117	20	90
MISCELLANEOUS	4	743	9	674
TOTAL PATIENTS	10,177	72,074	10,103	75,514

	1964				1965		
	Ambulance	Dual Purpose	Cars	Ambulance	Dual Purpose	Cars	
JOURNEYS INVOLVING PATIENT	9,805	3,941	1,126	9,826	4,055	1,107	
SPECIAL JOURNEYS	245	73	13	161	34	39	
WASTED JOURNEYS	269	3	1	253	1	9	
MILEAGE	182,342	78,849	52,399	172,775	94,302	50,634	

SECTION 28—

PREVENTION OF ILLNESS, CARE AND AFTER CARE

Loan of Equipment. Stocks of equipment available for loan have increased in both numbers and variety, in particular the "fleet" of invalid chairs (wheel chairs) which has increased by one third. This increase of stock has made more "short term loans" possible, a large proportion being for one or two weeks to visitors to the town during the summer period, and consequently the actual number of loans made has increased as a result of the quicker turn-over.

The total number of loans made, 553, shows an increase of 50 over 1964 and 1290 over 1963. Details of stock and loans of equipment are shown hereunder, the figures showing actual loans made and do not include renewals where the loan period of three months has expired. Enuretic machines are loaned only on recommendations of the Medical Officers in charge of clinics.

After-Care Equipment—Loans 1965

Article	Stock	Quarter ending March	Quarter ending June	Quarter ending September	Quarter ending December	Total
Bed Pans Bed Rests Air Rings Rubber Sheets Invalid Chairs Male Urinals Female Urinals Bed Cages Commodes Crutches Enuresis Alarms Feeding Cups Bed Boards	48 34 36 51 27 18 14 9 21 33½ prs. 18 8	27 24 14 9 11 8 2 6 14 1 pr.	17 19 15 15 17 14 1 6 15 —	28 11 13 20 26 7 3 10 3 prs. 8	39 23 17 17 5 7 1 5 11 1 pr.	111 77 59 61 59 36 4 20 50 5 prs. 48 3
Bed Boards Overhead lifting chains, beds & mattresses (complete unit) Pneumatic Toilet Seat Covers Ripple Beds Spinal Carriage S.V.6 Vaculiser Walking Cradles Walking Aids (Pick-up) Walking Sticks (Three-legged) Totals Totals	2 3 1 1 1 1 3 6 10	- 1 - - - 3 132	1 - - - - 3 140	1	- 2 - - 6 1	5 - - - 6 9

Laundry Service. This service, which started in 1964, has undoubtedly fulfilled the expectations of benefit to the chronic sick who await hospitalisation and where washing and drying facilities leave much to be desired. Expressions of appreciation confirm this benefit.

On the practical side of this work there is a problem during the checking and counting of the soiled sheets, which are collected twice weekly, before being sent to the laundry at the Devonshire Road Hospital, where again a count is taken. There have been two or three occasions when the laundry have refused to accept sheets until further sluicing has taken place, this gives an indication of the condition of the sheets when they are returned from these unfortunate people.

Should the present facilities of laundering be denied to us in the future, one can only look forward to a comprehensive scheme being introduced to cover all the Department's Commitments, which are increasing annually. The handling of these sheets would then be kept to a minimum.

With one case less than in 1964, the number of sheets issued has increased by over 700, indicating that some of the cases were obviously of a more severe nature.

		1965	1964
Number of cases	•••	43	44
Number of sheets issued	•••	4,780	4,021
Number of sheets laundered		4,310	3,622

TUBERCULOSIS

The Department continued to employ one Health Visitor mainly on work concerned with the care and after care of tubercular patients, and close liaison with the Chest Clinic of the Blackpool and Fylde Hospital Management Committee was maintained. The Health Visitor acts as a relief for the Clinic Nurse, when possible, during holiday periods.

Summarised below are figures showing the visits made during the year in relation to Tuberculosis work :—

۰			Н	ome Vi	sits					
R	espiratory:									
	First Visits	•••	•••	•••	•••	•••	•••	•••	•••	62
п	Subsequent visits		•••	•••		• • •	•••		•••	464
N	on-Respiratory:									
и	First visits	• • •			•••		• • •	•••	•••	2
и	Subsequent visits	• • •	•••	•••	• • •	•••	•••	•••	• • •	16
Co	ontacts:									
и	First visits		•••	•••	•••	•••	•••	•••	• • •	583
	Subsequent visits			• • •	•••			•••	• • •	223
O	ther Chest Conditions:									
	First visits	•••	•••	•••		•••	•••	•••	•••	25
	Subsequent visits	•••	•••	•••	•••	•••	•••	•••	• • •	7
Uı	ndiagnosed:									
п	First visits	• • •	•••	•••	•••	•••	•••	•••	•••	19
п	Subsequent visits	• • •	• • •	•••			•••	•••	•••	3
	Other visits									82

BACILLE CALMETTE GUERIN VACCINATION (B.C.G.)

Contact Scheme. The work in connection with contacts of tubercular patients is carried out by the Chest Clinic of the Blackpool & Fylde Hospital Management Committee, who have furnished the following figures:—

	Under 6 wks.	6 wks- 2 yrs.	2-4 yrs.	5-14 yrs.	15+	Total
Skin Tested	 	52	26	77 (23)	42	197
Found Negative	 	45	21	43 (6)	9	118
Found Positive	 	7	5	31 (14)	33	76
Number vaccinated	 25	44	21	43 (6)	9	142

The figures in parentheses, age group 5-14, were carried out through the School Health Service; these figures have, however, been included in the totals shown.

MASS MINIATURE RADIOGRAPHY

The Radiography Unit visited the town in March and May of this year and details of X-rays taken are shown below:—

		Males	Females	Total
Contacts		566	340	906
Industry	•••	142	408	550
General Public	•••	1,524	2,662	4,186
G. P. referrals		2	1	3
		2,234	3,411	5,645

Of these, 19 were referred to their own doctors and 24 referred to their own doctors and for further investigation at the Chest Clinic.

More detailed information of those examined and the resultant diagnoses, kindly supplied by Dr. J. I. Capper, Medical Director of the Unit, is contained in the following tables.

Type of Examinee						MALES	SE								T.	FEMALES	ES				
	under 14	4	15-	20-	25-	35-	24	55- 59	60- 65 & 65 Over	65 & Over	Total	15-	15- 20-	25-34	35-	45-	55-	55- 60- 65 & 55 & 64 Over		Total	Grand Total
G. P. Rrralsefe								-		-	2							-		-	3
Contacts			240	90	04	90	70	26		0_	566	240	50	30	2	0_	8			340	906
Factories/Offices			25	S	30	45	70	S	12		142	40	80	80	2	06	25	23		408	550
General Public Volunteers			75	09	270	399	250	091	0=	200	1,524	130	100	480	520	552	200	190	490	2,662	4,186
Totals			340	155	340	534	340	192	23	211	2,234	410	230	290	595	652	230	214 4	490	3,411	5,645

Table 2-Diagnosis

Total	Rate per 1,000	0.9			1	1	1	1	1
Grand Total	Cases	8	l	9	7	1	26	1	1
	Rate per 1,000	0.6	ı		1	1	1	1	1
	Total	"	1	1	7	1	21	ı	I
_	65 & Over	1	1	ı	-	1	∞	1	1
LES	92	-	1	1	1	1	2	1	1
FEMALES	55-	1	- 1	1	-	1	'n	1	
	45- 54	1	1	1	1	1	9	1	
-	35-	1		1	1	1	1	ı	1
	25- 34	_	1	ı	ı	ı	1	1	1
	20 24	1	1	1	1		1	1	
	Rate per 1,000	1.34	1			1	I	1	ı
	Total	6	1	9	1	ı	'n	1	1
	65 & Over	_	I	4	1	1	ı	ı	ı
MALES	92	1	1	2	ı	ı		I	1
M	55- 59	I		ı	ı	ı	4	1	ı
	45- 54	-	ı	1		. 1	ı	1	1
	35- 44	I	1	ı	1	1	ı	I.	1
	25- 34	-	ı	1	1	ı	1	1	1
	Abnormalities	Tuberculosis requiring close clinic supervision or treatment	Tuberculosis requiring only occasional outpatient supervision	Malignant Neoplasms	Non-malignant Neoplasms	Sarcoid (including en- larged Hilar Glands)	Acquired Cardiac abnormalities and abnormalities of the Vascular System	Congenital Cardiac abnormalities and abnormalities of the Vascular System	Pneumoconiosis without P.M.F.

CHIROPODY SERVICE

This service is organised for persons of retirement age i.e., males 65 years, females 60 years, expectant mothers and registered disabled persons. For each attendance a charge of 2/6d. is made. Ambulance transport facilities are arranged for patients unable to use other transport means, this facility, however, is limited to two patients per session.

An increase in the number of sessions by 124 to 818 allowed more treatment to be given. New cases in the year, however, were down by two to 590, but home visits show the greatest increase from 791 to 1,266. Sessions are held at three clinics, Bispham, Hawes Side and the Municipal Health Centre as previously.

Details are as follows:—

		1965	1964	1963
Ist visits (all clinics)	•••	590	592	504
Re-visits	•••	4,906	4,013	2,913
Sessions held	•••	818	694	482
Home visits		1,266	791	354

Mr. Catton, one of the Chiropodists, reports on the abnormalities affecting feet in the aged.

Nail Conditions. It was found that the most common source of the trouble was of traumatic and constitutional origin, resulting in thickening of the nail with attendant involvement of nail sulcus and ingrowing nails (Onychocryptosis).

Clearance and reduction required great care, but patients have expressed their gratefulness for the treatment given.

Hard and Soft Corns ("Heloma"). Patients suffered in varying degrees, with arthritic tendencies giving rise to distortion and dorsi-flexion of the toes. This appears to be the principal cause of corns.

Bunions (Halux Valgus.) A high proportion of the elderly appear to suffer from the abnormality with callous formation, and where "Heloma" at the apex of the first metatarsal head has been observed, the patient suffered considerably, requiring urgent attention.

Flat Feet (Pes Planus). Has caused hard callous formation, resulting in great discomfort. A high proportion of the patients were found to be suffering from this condition, but whereas the acquired "Pes Planus" has caused a great deal of suffering, the congenital type was found to suffer less.

CONVALESCENT CARE

Only one case during 1965 was recommended for convalescent care, this being to a stay of 14 days at convalescent home.

Three other cases brought to the notice of the department were either not continued with or disapproved.

SECTION 29—HOME HELP SERVICE

The organisational staff of this service consists of one supervisor, one assistant supervisor and one clerk. Occasional extra clerical assistance is provided from other sections when the need arises. The supervisor, Mrs. I. Partington, reports on this service.

"In retrospect, the year developed much on the lines anticipated, but the difficulties which had been forseen proved to be more serious than we had ever expected. In short, the demands for the service exceeded all expectations, and staff recruitment and retention became more difficult. With increasing population and a greater proportion of aged, this trend will almost certainly continue.

At times we were dealing with a weekly case load of over 700 households; because of staffing problems at certain periods and financial considerations at other times, waiting lists have been unduly long and on several occasions over 40 households have been waiting for help. Existing services have had to be restricted to an absolute minimum, sometimes below the level desirable from both social and medical considerations.

Out of a basic establishment of 150 home helps (of which only 13 are whole-time workers) 51 left the service and the level of staff sickness caused increasing concern. There is little doubt that the pressures, both physical and psychological on the staff is a major contributory factor in the cause of this situation.

Now that the senior home helps have operated for three years, the experiment must be regarded as both economical and a great success. Apart from being the last reserve in cases of extreme urgency and carrying out duties such as shopping, collecting pensions, etc., they also ensure that the home help attends punctually and they have been a source of encouragement to new recruits to the service. Between them these ladies keep a weekly contact with over 200 households.

The public's appreciation of the service was generally very high and several letters of appreciation have been received, I quote 'My Home Help has been a most cheery and willing worker, she is an angel, and now that I am more able to cope, I shall miss her welcome visits,' unquote. Complaints against the quality of help given were fortunately very few. There were, however, requests from both the public and the medical and hospital Authorities for a more frequent attendance level; within the scope of resources available it was quite impossible to meet these requests.

The vocational outlook of most of the staff continues to develop, and often the assistance given to householders by home helps in their own time and from their own resources was considerable."

The table below shows the number of cases during 1965.

Type of Case	19	064	19	65
Type of Case	Cases Attended	Hours Worked	Cases Attended	Hours Worked
Confinements at Home	19	416	14	248
Aged (65 years or over)	782	150,566	868	156,973
Chronic Sick	56	7,887	44	7,576
Tuberculosis	5	255	6	296
Mentally Disordered	9	626	6	373
Others	50	3,303	39	3,258
Totals	921	163,053	977	168,724

The types of cases have been extended in detail for this report and only total figures can be compared. Previous years are as follows:—

1963	•••		896 cases 152,120 hrs.
1962	•••		857 cases 145,242 hrs.
1961	•••		860 cases 118,140 hrs.
1960	• • •	• • •	728 cases 103,761 hrs.

Section 51—Mental Health

The staff at the end of the year consisted of four Mental Welfare Officers and one trainee. To alleviate the staff shortage resulting from Mr. H. Speed attending a course for Certificate in Social Work, Miss C. Marley has been appointed as Mental Welfare Officer in a temporary capacity.

The following tables give details of the work carried out under the Mental Health Act, 1959:—

Admissions to Hospitals:

Section 5 (Admissions—In	forn	nal)	•••	•••	251
Section 25 (Observation)				•••	14
Section 26 (Treatment)		•••	•••		24
Section 29 (Emergency)		•••	•••	•••	71
Section 60 (Court)	•••	•••	•••		4
Discharges	• • •	•••		•••	565
Died		•••	•••		44
Home Visits by Mental We	elfar	e Officer	s:		
(a) General enquiries a	ind	reports			2,909
(b) After-Care visits	•••	•••	•••		1,802
Interviews in Health Centre	е			•••	352
	"				

New cases referred to the department 366.

Details as follows:—

				Λ	Mente	ally I	11	Psycho pathic		.5	Subn	ormai				erely ormai	1	TOTALS
(1)	General Practit	ioners	 	M	16 F	16 M 45	F 105	16+ M F	7		F 2	16 M	+ F 1		16 F	16 M	+ F	154
(2)	Hospitals		 			27	12						1					40
(3)	Hospital Out P	atients	 	1		34	67					1						103
(4)	Education Autl	hority	 			3	3						1					7
(5)	Police or Cour	ts	 			14	9						1			•		24
(6)	Other		 			11	20				2	3		1	1			38
									-									
	TOTALS	••	 • •	1		134	216			1	4	4	4	1	1			366

Number of Patients under L.H.A. Care (31/12/65)619

Patient classification is as follows:

		Unde M	r 16 F	Ove M	r 16 F
Mentally III	 	2	_	165	264
Psychopathic	 	_		3	2
Subnormal	 	8	1	24	21
Severely Subnormal	 	32	17	35	45
TOTALS	 	42	18	227	332

Of these 619, 103 were attending the day training centres and 5 awaiting entry thereto. All bar three were assessed as severely subnormal, the exceptions being diagnosed mentally ill. 18 patients were resident in the local authority home, Belmont House, whilst two severely subnormal patients were resident, at departmental expense, in other residential homes. The waiting list at the end of the year for entry to Belmont House was seven, all mentally ill males. Patients receiving home visits totalled 484, of these 405 were diagnosed mentally ill.

The number of patients in the borough on the waiting list for admission to hospital at 31st December 1965 was 40, 28 of them assessed as being in urgent need of hospital care. 68 patients were admitted for temporary residential care during the year, 13 to N.H.S. hospitals and 55 to Belmont House.

Junior Training Centre

The number of children on the register at the end of the year was:—

Male: 38 Female: 25

The school opened on 195 days when there were 10,703 attendances, giving an average daily attendance of 55. This shows an increase of six over the 1964 average.

The experiment in reading and writing detailed by the Supervisor, Mrs. L. Pryar, in the 1964 report was continued during 1965.

Special Care Unit

The provision of a Special Care Unit of 12 places, included in the Ten Year Plan of this authority, annexed to the Woodlands School main premises was completed in November 1965. Whilst the official opening ceremony will take place early in 1966, the first children were attending from 15th November 1965. Between this date and the closure for Christmas on 22nd December, a total attendance of 103 days from nine children was recorded.

The creche special care unit operated by the Blackpool Society for Mentally Handicapped children at 214 Whitegate Drive was in use until 12th November. During 1965 this unit was open on 89 days with attendances totalling 777.

Psychiatric Club

This Club continued to be held each Wednesday evening in Woodlands School. During this year 842 attendances were recorded.

Adult Training Centres

It is disappointing to report again that there has been little progress in this project. Whilst plans have been submitted for approval it is not possible at this stage to forecast the commencement of building operations. Here again the Blackpool Society for Mentally Handicapped Children have stoically continued their work in providing employment for adult mentally handicapped at Ashburton Rd. Clinic, for males, where they moved to last year, and for girls at Blenheim Lodge, 162 Whitegate Drive, where they moved to on 22nd February 1965. Both centres have accommodation for 16 persons.

Residential Accommodation for Mentally Disordered. The 30 place Hostel, known as Belmont House and situate in Lytham Road, and south of the town, continued to serve a useful purpose in providing temporary accommodation for patients discharged from hospital and due for a transit period before being discharged to normal life.

The following shows the movement of patients during the year:—

- (a) Number of patients in residence at 31/12/65 15
- (b) Number of patients who have passed through hostel in 1965 ... 131

The numbers above include patients who have left the hostel and have been readmitted even in the same year. The lengths of time in residence vary from one year to only one day.

The number of patient days was 7,383 giving an average daily attendance of 20.2.

Mr. Woolley, the Warden, reports that the Mental Health Hostel maintained a steady rate of admissions and a number of the residents obtained situations and gave satisfactory service. Those who have been unable to obtain situations have been encouraged to assist in the running of the hostel by doing any work for which they may be considered suitable. Some measure of work values is given in determining the stage for further advancement either in accommodation or type of work. The Disablement Resettlement Officers assist in the latter.

Each week visits were made by Phychiatrists and Doctors. Cases were discussed and recommendations made.

Recreational facilities have been made available in the form of cards, dominoes etc., and table tennis facilities could be enjoyed by the more vigorous. Library books could be obtained on request and radio and television programmes have been very popular. Concerts have been a regular feature and other entertainments have been provided in order to help in the rehabilitation of the residents.

TEN YEAR PLAN-LOCAL HEALTH AUTHORITY SERVICES

It will be recalled that in the 1962 and 1963 reports, the Ten Year Plan was outlined and reviewed. A second review of the Plan has been made during 1965, details of which are tabulated, but with the exception of slight staffing amendments, adjustments to financial statements and an amendment to the site and opening date of the Adult Training Centre, there is little variation to report.

List of Projects

Financial Year	Projects	Location	Need	Total Cost of Project	Effect on Annual Net Revenue Expenditure
1966-67	Adult Training Centre and Care Unit.	Mercside, Blackpool.	New provision, Urgently required to replace two pilot schemes being run by the Blackpool Society for Mentally Handicapped Children on a voluntary basis and to provide accommodation for 70.	£78,360	£12,000
1967-68	Day Nursery.	Municipal Health Centre, Whitegate Drive, Blackpool. 25 places.	Replacement. This Nursery will replace existing Nursery which is a wooden structure built during the 1914-18 war, and is rapidly deteriorating.	£22,400	£2,100
1968-69	Mental Health Hostel.	Site not yet finally decided. 30 places.	Replacement. The present hostel, Belmont House, Lytham Road, Blackpool, was established on an experimental basis for five years, to gain experience of this new type of vision by local authorities. The premises are not structually of the best, or sound.	£75,370	£3,150
1969-70	Maternity & Child Welfare Clinic, Anchorsholme.	Haddle House Estate, Anchorsholme. Estimated population 15,000.	New provision. This clinic is to serve a rapidly expanding district at the most northerly end of the town.	£33,360	£1,840
1970-71	Ambulance Station.	Site not yet chosen. To provide accommodation for 24 vehicles.	Replacement. The present accommodation is in a rented portion of one of the Central Transport garages and does not provide satisfactory accommodation for staff.	£86,860	£6,200
1971-76	Maternity & Child Welfare Clinic. Mereside.	Bowness Avenue, Mereside.	Replacement, The present clinic, which is an old church hall, formley used as a school, is too small to provide satisfactory clinic facilities, and a new structure on the same site is required.	£27,000	£2,260
1971-76	Hostel for Pupil Midwives.	Site not yet chosen. Accommodation for resident Warden and 12 pupils.	It is considered that the future training of Pupil Midwives will necessitate the Authority establishing a Hostel for the accommodation of pupils.	£31,410	£5,635

Staff

	Acust	ECTIM	TED DEO	UDENENI	FO (NVI) -1 - 4		
Category of Staff	Actual whole time at	ESTIMA	TED REQ	UIREMENT	S (Whole-ti	me Equivale	ent)
	31.12.65	31.12.66	31.12.67	31.12.68	31.12.69	31.12.70	31.12.75
MEDICAL AND NURSING							
Doctors Dentists Midwives Supt. Health Visitor and	3.5 0.5 8	3.5 0.5 8	3.5 0.5 8	4 0.5 9	4 0.5 9	4 0.5 9	4 0.5 10
Deputy Health Visitors Supt. Nursing Officer and	0.6 17	0.6 20	0.6 22	0.6 24	0.6 26	1.3 28	1.3 32
Deputy	2 33 3 2	2 34 3 3	2 35 3 3	2 37 3 3	2 39 4 3	2 41 4 3	2 45 4 4
AMBULANCE Ambulance Officer	1 1 4 42	1 1 4 44	1 1 4 44	1 1 4 46	l l 4 48	1 1 4 49	l 1 4 54
MENTAL HEALTH Sen. Mental Welfare Officers	1	1	1	1	1	2 7	27
Mental Welfare Officers Trainees	4 1	5 1	5 1	6 1	6 l	7 1	7 1
Creche	8	8	8 6	8	8 6	8 7	8 7
Mental Health Hostel (Belmont House) Mental Health Hostel	4	5	5	5	5	5	5
(Rydal Lodge)	10.5	10.5	10.5	10.5	10.5	10.5	10.5
OTHER STAFF							
Physiotherapists Occupational Therapists	1.5 1	1.5	1.5 2	2 2	2 2	2 2	2.5 3
Home Help Organiser and Deputy Home Helps Chiropodists Admin. Staff Speech Therapists	120 3 20 1	3 140 4 22 1	3 150 4 23 2	3 160 4 25 2	3 170 4 25 2	180 5 26 2	230 6 30 2.5

Estimated Net Revenue Expenditure

Service	Actual 1964-65	1965–66	1966-67	1967-68	1968-69	1969–70	1970-71	1975-76
Health Centres				-	-	-	_	_
Care of Mothers and Young Children	27,119	31,725	34 125	34.125	36,365	37,615	38,465	43.455
Midwifery, including expenditure as Local Supervising Authority	13,361	16,395	16,395	16,395	17,560	17,560	17,560	24,360
Health Visiting	17,330	22,805	25,195	27,585	29,975	32,365	35,655	40,435
Home Nursing	34,141	42,920	45,280	47,040	49,860	52,680	55,500	59,880
Vaccination & Immunisation	1,181	1,090	1,500	1,500	1,500	1,500	1,500	1,500
Ambulance Service	50,462	57,175	59,275	59,275	61,375	63,475	64,525	75,475
Prevention of Illness, Care and After Care (excluding Mental Health)	2,561	3,505	5,300	6,200	6,200	6,200	8,000	9,000
Domestic Help	34,053	39,510	50,170	55,120	60,070	65,020	70,825	98,175
Mental Health	29,451	46,320	54,735	58,735	67,800	67,800	71,015	74,690
Expenditure under other enactments and on general administration	21,167	23,215	24,735	26,685	27,385	27,385	32,725	29,135
services not reckonable for general grant	6,150	6,175	6,200	6,200	6,200	6,200	6,200	6,200
Total for Local Authority Health Services	236,976	290,835	322,910	338,860	364,290	377,800	401,970	462,305

Public Health Act, 1936—Registration of Nursing Homes

During 1965 one additional registration of premises as a Nursing Home within the meaning of the above Act, and the Nursing Homes Act 1963, was granted, this concerning 137 Hornby Road, Blackpool, to be known as the "New Victoria Nursing Home".

Periodic inspections of the other seven Homes were carried out by Medical Officers of the Department, satisfactory reports being returned in all cases.

A list of the Nursing Homes with number of beds is shown below.

	No. o	f Beds
	Maternity	Others
Ascot Nursing Home, 13 Luton Road		11
Convent of Our Lady of Wisdom, 575 Lytham Road	9	77
Northwood, 19 King Edward Avenue		12
Inglehurst, 129 Newton Drive	-	18
St. Teresa's Nursing Home, 188 Norbreck Road	_	12
Reads Avenue Nursing Home, 160 Reads Avenue	-	24
Cleveland Nursing Home, 32 King George Avenue	-	14
New Victoria Nursing Home, 137 Hornby Road	-	21
TOTAL	9	189

Agencies for the Supply of Nurses. During the year there was no applications for registration under the Nurses Agency Regulations, 1961.

MEDICAL EXAMINATIONS

1,365 Medical Examinations on behalf of the Local Authority were carried out by the Department's Medical Officers, and details of results are as follows:—

Final	Postponed	28	1		1	2	1	1	2	-	3	2	1	I	9	3	1	1	4	1	1	1	-
	To Resume Normal Duties	9		1		1		4		1	1	1	_	_		_	1	_	1	Ι	_	- 1	-
UNFIT	Permanent III-health	41	1	1	1	3	1	∞	1	1	1	-	2	1	3	-	1	1	21	1.	1	1	1
	For Employment	34	1	1	-	3	1	10	2	-	5	-	1	1	2	1	1	_	9	-	1	1	2
	To Resume or continue	107	1	2	1	61	1	26	11	1	4	01	1	l	9	9	1	1	21		1	-	_
	Temporary	100	1	1	1	22	ī	20	11	1	9	16	1	1	9	2	-	1	12	2	1	ı	2
	For Part Time only	28	1	-	l	1	1	18	1	1	3		1	1	1.	1	1	l	1	1	2	1	2
FIT	Too old for Superannuation	56	1	1	1	11	1	4	1	1	7	5	1	1	4	13	1	1	9	1	1	-	1
	Unconditional	596	14	1	3	62	1	219	49	26	111	74	13	_	89	24	∞	13	206	24	∞	_	39
		:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	
		All Departments	Airport	Baths	Children's	Cleansing	Civil Defence	Education	Electrical Services	Fire	Health	Highways	Libraries	Magistrates	Parks	Police	Publicity	Surveyors	Transport	Treasury	Town Clerk	Weights & Measures	Welfare

This chart shows the state of fitness of all people examined according to department

WELFARE SERVICES—NATIONAL ASSISTANCE ACT, 1948

Section 47. No cases were brought to the attention of the Department as requiring any action under this section.

Epileptics and Spastics

The Director of Welfare Services informs me that in accordance with the scheme for the provision of Welfare Services for Handicapped Persons made under Section 29 of the National Assistance Act, 1948, a register of such persons has been compiled and at 31st December, 1965 there were 33 Adult Epileptics and 18 Adult Spastics included in the register.

In addition to the number referred to above, on the 1st January, 1965 there were 14 Epileptics maintained in Epileptic Colonies and during the year there were no new admissions or discharges, making a total of 14 maintained at 31st December, 1965

Registered Blind and Partially Sighted Persons

The numbers of partially sighted persons on my register as at 31st December, 1965 are :—

Male: 67. Female: 132. Total 199.

The number of blind and partially sighted cases receiving treatment during the year in accordance with the recommendation given under Section F. of Form B.D. 8., were as follows:—

Cause of]	Disabili	ity				No	o. of c	ases rec	eiving	treatment
Cataract	•••	•••	•••	•••	•••	•••	•••	•••	•••	5
Glaucoma	a	•••	•••	•••	•••	• • •	•••	•••	•••	2
Senile Ma	cular I	Degene	ration	•••	•••	•••	•••	•••	•••	2
Myopia	•••		•••	•••	•••	• • •	•••	•••	•••	_
Diabetes	•••	•••		•••	•••	•••	•••	•••	•••	2
Trauma	•••	•••	•••	•••	•••	•••	•••	•••	•••	_
Others	•••	•••	•••	•••		•••	•••	•••	•••	9

There were no ophthalmic neonatorum cases during 1965.

CREMATIONS

The Medical Officer of Health, Deputy and one Assistant Medical Officer are authorised under the Cremation Act to issue certificates giving permission to cremate. Applications to cremate at the Blackpool Crematorium numbered 1,898; of these 1,179 were in respect of Blackpool residents.

There was a slight increase of 24 as compared with last year but a decrease of 15 so far as Blackpool residents were concerned.

The number of cremations appears to have now found a "level" following the startling decrease from 1962 in which period three new crematoria have been opened serving Preston, Lancaster and Barrow.

The table below shows the trend of applications for cremation over the past six years:—

	1965	1964	1963	1962	1961	1960
All applicants	1,898	1,874	2,171	2,639	2,526	2,382
B lackpool residents	1,179	1,194	1,183	1,260	1,174	1,068

The number of burials varied little, showing an increase of three on 1964.

1965	•••	• • •		Carletor	n 543	
				Layton	255	Total 798
		1964	•••	•••	795	
		1963		•••	843	
		1962	•••		856	
		1961			748	
		1960	•••	•••	790	

HEALTH EDUCATION

Health Education projects continued during the year under the auspices of the Superintendent Health Visitor. Individual instruction by health visitors at the various clinics to mothers and other discussion groups was supplemented by small exhibitions, demonstrations and poster displays. Home visits were also used as a media towards persons who could not attend the clinic meetings.

An "In-Service Training Course" was held in November, arranged on the Authority's behalf by the Central Council for Health Education, and using the Woodland School Training Centre as accommodation. The course, covering two days, had a sessional programme as follows: (1) Sex Education—Growing Up. (2) Methods and Media in Sex Education. (3) Panel Discussion with School Children. (4) Open Discussion. (5) Child Health. (6) Personal Relationships. (7) Role of the School Health Service. (8) Panel Discussion. Mr. R. E. Hodd, Chief Education Officer for Blackpool, acted as Chairman for the Course. Invitations to attend were extended to Health Department staff, Education teaching staff and Welfare Officers, Youth Leaders and Officers, Lancashire County Medical Officers, and Health Visitors, Morall Welfare Workers, Marriage Guidance Counsellors, N.S.P.C.C. Inspectors and other interested representatives. Miss A. Webster, Ministry of Health Nursing Officer also attended the first day sessions.

A course for home helps was held in conjunction with the Training Course, and included a talk on Food Hygiene followed by films and a discussion.

BLACKPOOL HOME SAFETY COMMITTEE

The sudden death of Mr. J. A. Bentley left the committee without a secretary and also vacated the "liaison post" of Home Safety Officer. Mr. J. A. Butler acted as secretary until September when Mr. G. H. White was appointed as Home Safety Officer. The committee find it of advantage if the Home Safety Officer will agree to become secretary of the committee, and this Mr. White agreed to do.

Once again the limited budget retarded the activities of the committee. A stand was again generously donated by the Organiser of the Hotel and Catering Trade Exhibition held in the Winter Gardens buildings, in February. The theme used was mainly on fire prevention aspects. A supply of serviettes with home safety slogans was obtained and distributed to various "group and club" parties in the Borough, as part of the Christmas festivities.

"ASPRO" FIRST AID SERVICE

A first aid post was provided on the promenade during the holiday season by kind permission of "ASPRO", Nicholas Products Ltd.. During the season 2,931 cases were treated at this post. A breakdown is as follows: Cuts and Grazes 995; Ears and Eyes 306; Headaches 304; Insect Bites 197; Sprains and Bruises 159; Burns 92; Referred to Hospital 72; Nausea and Vomiting 40; Other 766. My appreciation is extended to Nicholas Products Ltd., for this useful service.

PUBLIC HEALTH ACT, 1936

PUBLIC HEALTH LONDON ACT, 1936

Public Swimming Baths

The Baths Superintendent has kindly furnished the following information:—

The Open Air Bath. Built 1923, maximum length 376 ft., maximum width 172 ft.; championship area 33 ft. x 75 ft.; capacity 1,600,000 galls.; spectators accommodation 5,000; source of water supply—pumped from the sea through the 900 ft. x 8 in. intake pipeline, in an effort to obtain selective water, into a 500,000 galls. settling tank. The water is allowed to settle for a pre-determined period of a minimum of 8 hours and is treated with a regulated dosage of chlorine, it is then filtered through four gravity-fed filters at a turn-over rate of approx. eight hours.

Derby Bath. Main Pool 165 ft. x 55ft.; capacity 485,000 galls.; spectators accommodation 2,000; learners' pool 33 ft. x 33 ft.; capacity 17,000 galls.; source of water supply—pumped from the sea into two settling tanks 120,000 galls. capacity, prior to filtration; turn-over rate—main pool approx. 3 hours, learners' pool approx. 2 hours.

REMEDIAL SECTION. The remedial Section of the Derby Baths, work on which was suspended due to the outbreak of hostilities in 1939, now stands completed in a modified form. In the light of the changed circumstances of needs, ideas of planning, the availability of specialised equipment and improved techniques in building, considerable alterations to the original conception were made in consultation with the Baths General Manager and the Baths Committee to make this establishment uniquein the range of facilities provided. There is space within the new section for future development if demand justifies.

The ground floor comprising some 5,680 square feet of floor area provides the Warley Road Entrance with ticket office, telephones and lift and stairs up to the Gymnasium on the second floor.

Dressing Room. From the Entrance the patron enters the Cooling and Dressing Room area which provides 27 cubicles with reclining couches and wardrobes, where attendants will furnish hot towels, etc., appropriate to the treatment to be undertaken. This portion also includes some lounge area, facilities for refreshments, and toilet accommodation. From here, the patron will go for the treatment desired and return for rest, cooling and refreshment.

Facilities provided and administered by competent staff includes: Two authentic timber Sauna Baths of Finnish make, each of which will accommodate six to nine persons a session.

Five marble shampoo and massage slabs with associated basins, scotch and vichy douches, provided with hot or cold, fresh or sea water. Two stainless steel Aeratone vessels, one of which is provided with hoisting and lowering gear for aiding disabled patrons. Two vapour rooms. Suite of three Turkish Rooms, each progressively warmer. Three Bathrooms for hot, fresh and sea water baths, Luma, pine and hydropathic treatments.

Provision is made in the cooling room area for various electrical and infra-red treatments to be undertaken. In association with the foregoing there are ancillary showers, needle sprays and a small pool for total immersion. The central core of the ground floor area is given over to staff rooms, toilets and storage.

GYMNASIUM. The Gymnasium (2,668 sq. ft.) providing facilities for approximately 32 patrons at one time, comprises a fully furnished hall 60 ft. long by 30 ft. wide, and ancillary Instructor's Room, Kit Store, Changing Accommodation, Showers and Toilets. Equipment is provided for Basket Ball, Indoor Football, Netball, Boxing and Badminton; the enthusiast will also find a Trapeze, a Trampoline, a Punch Ball, a Cycle Exerciser, a "Readson" Stimulator, and the usual facilities for vaulting, climbing, swinging and other gymnastic activities.

DECOR. The interior finishes on the ground floor include heated and illuminated ceilings, washable plastic fabric, timber or ceramic mosaics or tiles to walls, and resilient P.V.C. carpet, ceramic mosaics or tile floors. The Gymnasium and wall is tiled and the floor consists of maple strip. The exterior of the building is clad in a protected metal sheathing which replaced the original caience. The Engineering Services to serve the above installations comprise: Two boiler houses in the basement with associated calorifiers for heating circuits, for fresh and salt water lines and tanks at roof level for storage and head.

There are diving boards in the two above establishments of international standard type up to 10 metres.

Cocker Street Bath. 81 ft. x 24 ft.; capacity 60,000 galls,; source of water supply—from the Sea-Water Works, through our filtration plant; turn-over rate approx. 5 hours.

Lido Pool. 100 ft. x 40 ft.; capacity 135,000 galls,; source of water supply—town-main supply (fresh water); turn-over rate approx. 4½ hours.

Before entering the filters, in all the above establishments, the water is chemically treated with alumina and soda by means of open-type coagulation plants. The chlorine gas process admits of easy and accurate adjustments to meet the varying needs of the swimming pool, and we maintain the "Free Chlorine Content" to comply with the Ministry's standards for marginal chlorination 0.2 p.p.m. to 0.5 p.p.m. to ensure accurate control.

A special feature of the swimming bath water circulation system at the Derbyy Bath is the multiple inlets and outlets water withdrawal and distributing arrangement, which ensures pure water over the whole of the area of the bath.

Colorometric tests are taken four times per day at all establishments, other than peak periods when tests are taken more frequently. The units at present in use, in each case, are the B.D.H. Lovibond Comparators with the requisite chlorine and pH disc indicators; ortho-tolidine and phenol red are used as the reagents.

Periodical bacteriological examination of the water at each establishment is carried out under the direction of the Medical Officer of Health.

WATER SUPPLY

The Authority responsible for the water supply in Blackpool is the Fylde Water Board, and the Engineer of the Board has been good enough to furnish the following information:—

Water supplied to Blackpool is collected at two sources: (a) from watersheds at Barnacre, and (b) at Stocks on the River Hodder, and is satisfactory both in quantity and quality. At both these head works, upland surface water is collected and stored in reservoirs. The watershed at Barnacre is free from human habitation and at Stocks the Fylde Water Board owns the watershed and controls all operations on it.

During the Summer months the water from Barnacre was augmented by water pumped from a new borehole at Garstang, and the water from Stocks augmented by borehole water from Broughton. This water is excellent in quality but is somewhat harder than the upland water and the effect of this is shown in the chemical analyses set out later in this report.

Bacteriological examinations have been made throughout the year of both the raw water and treated water, and the results are as below:—

				Ave. No.	growing in Ye	
	Source of Sample		Number examined	of Coliforms Organisms/ 100 mls.	in 2 days @37°C.	in 3 days @22°C.
R	AW WATER					
	Hodder		22	130	37	100
	Barnacre	• • •	23	47	12	44
T	REATED WATER					
	Hodder					
	Marton, Head Office Warbreck Reservoir	•••	75	Nil	2	6
	Barnacre					
	Warbreck Tower, 108 Cornwall Ave	•••	50	Nil	1	6

A further summary of figures for water going into supply is as follows:—

Aerobic micro-organisms growing in Yeastral Agar No. of colonies per ml. of

Average No. of colonies

				No. free fro	***		54IIIp	
	Source of Sample			Coliform	%5	Satis- ctory	in 2 days @ 37°C.	in 3 days @ 22°C.
5	7 Lomond Ave., Mai	ton	25	25		100	3	11
H	lead Office, Sefton St.		25	25		100	2	12
W	Varbreck Tower		25	25		100	2	4
W	Varbreck Reseroir	•••	25	25		100	2	5
10	08 Cornwall Avenue		25	25		100	1	8

FYLDE WATER BOARD - CHEMICAL ANALYSIS

			
Summer Supply	Warbreck Tower and 108 Cornwall Avenue	Clear and bright	Nii Normal 7.5 0.05 0.10 0.03 0.10 0.21 0.24 64 64 64 64 64 64 12 12 12 13 13 13 14 15 17 17 17 17 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18
Winter Supply	Warbreck 108 Cornw	Clear and bright	Normal Normal Normal 7.5 0.09 0.09 0.04 0.44 0.44 0.45 16 0.07 10 10 10 10 10 10 10 10 10 10 10 10 10
Summer	Оffice	Clear and bright	S Nii Nii Nii Nii Nii Nii Nii Nii Nii Ni
Winter Supply	Head Office	Clear and bright	S Nii Normal 7.4 0.09 0.09 0.09 0.00 0.00 0.00 0.00 0.
Summer and Winter Supplies	Marton	Clear and bright	A Nii Nii Nii Normal 7.5 P.P.m. 0.05 0.10 0.44 0.44 0.45 0.10 0.10 0.15 0.15 0.15 0.15 0.15 0.1
Summer Supply	Warbreck Reservoir	Clear and bright	1 Nii Nii Nii Nii Nii Nii Nii Nii Nii Ni
Winter Supply	Warbreck	Clear and bright	6 Nii Nii Nii Nii 0.09 0.08 0.08 0.08 0.08 0.08 0.08 0.08
Raw Water	Reservoir	Slightly yellow with some suspended matter	28
Raw Water	Reservoir	Pale Yellow with some suspended matter	42 5 5 6.9 6.9 6.9 6.9 6.0 0.10 0
		Appearance	Colour (Hazen p.p.m.Pt) Turbidity (p.p.m. Silica) Odour Taste Reaction pH value Residual chlorine Free and Saline Ammonia as N2 Albuminoid Ammonia as N2 Nitrous Nitrogen as N2 Nitrous Nitrogen as N2 Oxygen absorbed 4 hrs. at 27° C. Free Acidity as CO2 Carbonate Hardness as CaCO3 Total Hardness as CaCO3 Non-Carbonate Hardness as CaCO3 Non-Carbonate Hardness as CaCO3 Total Hardness as CaCO3 Cacloum as CaCO3 Magnesium as CaCO3 Caloride as C1 Sulphate as SO4 Lead as Pb Manganese as Mn Copper as Cu Iron as Fe Aluminium as Al ₂ O3, Fluoride as F

The raw waters are liable to plumbosolvency, and in consequence they are treated with lime after coagulation and pressure filtration to a pH value which gives a positive Langelier index of corrosion. No lead has been found in samples examined.

No action has been necessary throughout the year, as no contamination has been encountered.

The level of fluoride in water supplied to the town is very low, i.e., less than 0.05 p.p.m. as F, and this is well below the optimum figure for the prevention of dental caries.

SEWERAGE OF THE BOROUGH

The abolition of pail closets and cesspools has continued during the year and the Director of Public Cleansing reports that 90 pail closets and 52 cesspools (including 10 out of the Borough) were emptied regularly by his Department.

The Borough Surveyor has kindly given the following details on the present and future drainage work.

(a) Works of Sewerage and Sewage Disposal carried out in 1965

- (i) Continuation of reconstruction of Manchester Square Pumping Station.
- (ii) Commencement of the construction of an 8' 6" dia. stormwater outfall at Manchester Square.
- (iii) Completion of approximately 2 miles of 9" to 36" dia. sewers in open cut for housing development in the northern part of the town.

(b) Works of Sewerage and Sewage Disposal proposed for 1966

- (i) Continuation of reconstruction of Manchester Square Pumping Station.
- (ii) Continuation of the 8' 6" dia. stormwater outfall at Manchester Square.
- (iii) Provision of small dia. sewers in connection with housing development.

(c) Proposed Future Works.

- (i) Central Drive Trunk Sewer.
- (ii) Lytham Road Sewer.
- (iii) Modernisation of pumping stations.

The schemes in hand and proposed will provide reasonably adequate facilities for sewerage and sewage disposal.

The Council have agreed in principle to the establishment of a sewage treatment works at some future date.

REFUSE, ETC. COLLECTION-1965

This work is carried out by the Cleansing Department of the Corporation.

I am informed by the Director of Public Cleansing that the tonnage of refuse was almost the same as the previous year.

The first phase of a scheme at the Refuse Disposal Works to quench and remove by conveyor the clinker drawn from the furnaces was started in December, 1965, and one set of furnaces was out of action during that month resulting in a slight increase in the amount of refuse received at the tip. The tonnage of clay, soil, rubble, etc., received at the top was 57,138.

The amount of refuse dealt with at the Refuse Disposal Works was 19,538 tons, whilst 45,578 tons including refuse brought by Private Traders were tipped away, and about 1,200 tons of nightsoil were removed.

Approxiamately 40 tons of sewage were removed from sumps, etc. at the Royal Lancashire Agricultural Show.

SANITARY INSPECTION OF THE BOROUGH

This section of the Annual Report, and the following sections dealing with Housing, Rodent Control and Disinfestation, General Food supply and Prosecutions, give details of the variety of functions undertaken by the Chief Public Health Inspector and his staff.

ENVIRONMENTAL HYGIENE—STATISTICS

Complaints Receive	ed							
Verbal		•••	•••	•••				3,407
Written	•••	•••		• • •	•••	•••		752
Visits and Inspection	ns during Ye	ar						
Ash Receptacles	-							
Satisfactory								7
Unsatisfactor		• • •	• • •	•••	•••	•••	•••	50
Re-inspection			•••		•••	•••	•••	92
Number of Ga					f notice			53
Number of Ga	alvanised Bir	is provid	ed by de	enartm	ent			582
		.s pro .r.c	ou of u	- p	• •			
Food and Drugs								
Butchers' Sho			•••	•••	•••	•••	•••	72
Cafes and Sna						•••	• • •	339
Dairies and M				airies R	Legulati	ons	•••	234
Fish Frying Sl	nops				•••	•••	• • •	60
Hotels and Lie		ises—Bo	arding l	Houses		•••	•••	1,869
Ice Cream Pre			•••	•••	•••	•••	•••	143 40
Food Manufa			•••	•••	•••	•••	•••	1,719
Food Inspecti	ons and Foo	a Snops	•••	•••	•••	•••	• • •	1,/19
Miscellaneous:								
Abattoirs	•••	•••		•••	•••	•••	•••	64
Animal Board	ling Establisl	hments		•••		• • •		20
Bakehouses			•••			• • •	•••	172
Basements (fu			•••	•••	• • •	• • •	•••	1
Basements (ex				•••		• • •	•••	7
Cinemas, Dar			c.	•••		•••	•••	26
Common Loc			•••	•••	• • •	• • •	• • •	49
Drainage Sch				•••	•••	• • •	• • •	1,652
Dwelling Hou				•••	•••	• • •	•••	16
Dwelling Hou				•••	• • •	•••	•••	105 7
Dwelling Hou				 4 Casant		•••	•••	103
Dwelling Hou		-				• • •	•••	103
Exhumations		•••	• • •	•••	• • •	•••	•••	437
Factories	allhaldings	 (t 1056	٠	•••	• • •	1
Farms and Sn						• • •	•••	51
Hairdressing Houses in Mu	usiliesses	··· ation (H		•••	• • •			77
Houses in Mu	ultiple Occup	ation (Pe	esidenti	al)		• • •	•••	132
Tiouses ill iviu	nupic Occup	221) 110111	Sideliti	<i>(11)</i>		•••	•••	

	Infectious Diseases (includin	g Food	Poisor	ing and	d Dyser	itery)		4,500
	Land and Camp Site							• • •	305
	Municipal Tenancy						• • •	• • •	405
	A T 1						•••	• • •	651
	Nuisances (first inspe								4,420
	Nuisances (re-inspec							• • •	5,545
	0 m 1 m 1 1			•••	• • •	•••			
	Offices, Shops and R			s Act				•••	1,786
	Pet Animals Act	•••						• • •	30
	Piers			•••					3
	Piggeries		•••			•••			30
	Public Conveniences							•••	7
	Rag Flock and Other								26
	Refuse Tips								6
	Roadways, Footpatl								202
	Sands and Foreshore				ssages				1
	Schools and Churche				•••	• • •			i
	Shops (Shop Act, 19)		•••	•••	•••	•••	•••	• • •	1
	Slum Clearance			• • •	•••	•••	•••	• • •	496
	Smoke Abatement		•••	•••	•••	• • •	•••	•••	651
	Smoke Observations		•••	•••	•••	• • •	• • •	•••	30
			•••	•••	• • •	• • •	• • •	• • •	250
	Stables and Manure		• • •	• • •	•••	•••	•••	• • •	
	Swimming Baths	 (Eu11	Inamaati		•••	•••	•••	• • •	51
	Temporary Structure						• • •	• • •	_
	Temporary Structure					5)	• • •	•••	110
	Town Planning and		•	aws	•••	•••	•••	•••	185
	Watercourses and Po		•••	•••	•••	•••	•••	•••	210
		•••		•••	•••	•••	•••	•••	79
			•••	•••	•••	• • •	• • •	• • •	493
	Unclassified	• • •		• • •		• • •	• • •		932
	D' C. 1	/XX7 .	- 1	<u> </u>	10.55				
	Diseases of Animals	(Waste	Foods)	Order,	1957	•••	•••	• • •	37
			,			•••	•••	•••	37
N	Number of Houses where		,			•••	•••	•••	37
N			,			•••	•••	•••	37 97
N	Number of Houses where		,				•••	•••	
	Number of Houses where Public Health Act Housing Act	Sanitary 	y Defec	ts were	Found			•••	97 4
	Number of Houses where Public Health Act	Sanitary 	y Defec	ts were	Found			•••	97 4
	Number of Houses where Public Health Act Housing Act Number of Houses where	Sanitary 	y Defec	ts were	Found		 ent of N	 Juisance	97 4
	Number of Houses where Public Health Act Housing Act Number of Houses where Verbal Notices	Sanitary Notices	y Defection were S	ts were erved fo	Found or the A	 Abatemo	 ent of N	 Juisance 	97 4 12
	Number of Houses where Public Health Act Housing Act Number of Houses where Verbal Notices Preliminary notices	Sanitary Notices	were S	ts were erved fo	Found or the A	 \batemo	 ent of N 	 Juisance 	97 4 12 154
	Number of Houses where Public Health Act Housing Act Number of Houses where Verbal Notices	Sanitary Notices	y Defection were S	ts were erved fo	Found or the A	 Abatemo	 ent of N	 Juisance 	97 4 12
N	Number of Houses where Public Health Act Housing Act Number of Houses where Verbal Notices Preliminary notices Statutory notices	Sanitary Notices	were S	erved fo	Found or the A	 Matemo	 ent of N 	 Juisance 	97 4 12 154
N	Number of Houses where Public Health Act Housing Act Number of Houses where Verbal Notices Preliminary notices Statutory notices	Sanitary Notices Sanitary	were S y Defectors	ts were erved fo	Found or the A Remed	 Matemo	 ent of N 	 Juisance 	97 4 12 154 64
N	Number of Houses where Public Health Act Housing Act Number of Houses where Verbal Notices Preliminary notices Statutory notices Number of Houses where Defects remedied as	Sanitary Notices Sanitary	were S y Defections	erved fo	Found or the A Remed	 batemo ied by	ent of N Notice	 Juisance 	97 4 12 154 64
N	Number of Houses where Public Health Act Housing Act Number of Houses where Verbal Notices Preliminary notices Statutory notices	Sanitary Notices Sanitary	were S y Defections	erved fo	Found or the A Remed	 Matemo	 ent of N 	 Juisance 	97 4 12 154 64
N	Number of Houses where Public Health Act Housing Act Number of Houses where Verbal Notices Preliminary notices Statutory notices Umber of Houses where Defects remedied as Defects remedied as	Sanitary Notices Sanitary	were S y Defections	erved fo	Found or the A Remed	 batemo ied by	ent of N Notice	 Juisance 	97 4 12 154 64
N	Number of Houses where Public Health Act Housing Act Number of Houses where Verbal Notices Preliminary notices Statutory notices Iumber of Houses where Defects remedied as Defects remedied as	Sanitary Notices Sanitary	were S y Defections	erved fo	Found or the A Remed	 batemo ied by	ent of N Notice	 Juisance 	97 4 12 154 64
N	Number of Houses where Public Health Act Housing Act Number of Houses where Verbal Notices Preliminary notices Statutory notices Umber of Houses where Defects remedied as Defects remedied as	Sanitary Notices Sanitary	were S y Defections	erved fo	Found or the A Remed	 batemo ied by	ent of N Notice	 Juisance 	97 4 12 154 64
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N	Number of Houses where Public Health Act Housing Act Number of Houses where Verbal Notices Preliminary notices Statutory notices Iumber of Houses where Defects remedied as Defects remedied as Defects remedied as Defects remedied as Touse Drains Tested New Houses: Satisfactory Unsatisfactory on fir Rendered satisfactor Old Houses:	Sanitary Notices Sanitary per preliper statu st test y after fi	were S y Defection in any intory no	erved for the served	Found or the A Remed	ied by	ent of N Notice	Juisance	97 4 12 154 64 70 57
N	Number of Houses where Public Health Act Housing Act Number of Houses where Verbal Notices Preliminary notices Statutory notices Iumber of Houses where Defects remedied as Defects remedied as Defects remedied as Iouse Drains Tested New Houses: Satisfactory Unsatisfactory on fir Rendered satisfactor Old Houses: First test—satisfactor	Sanitary Notices Sanitary per preliper statu st test y after fi	were S y Defection in any intory no	erved for the served	Found or the A Remed	ied by	ent of N Notice	Juisance	97 4 12 154 64 70 57
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N	Number of Houses where Public Health Act Housing Act Number of Houses where Verbal Notices Preliminary notices Statutory notices Iumber of Houses where Defects remedied as Defects remedied as Defects remedied as Iouse Drains Tested New Houses: Satisfactory Unsatisfactory on fir Rendered satisfactor Old Houses: First test—satisfactor	Sanitary Notices Sanitary per preliper statu st test y after fi	were S y Defect iminary itory no	erved for the state of the stat	Found or the A Remed	ied by 1	ent of N Notice	Juisance	97 4 12 154 64 70 57 472 65 64
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Drains

23 1 11110							
Relaid, disconnected	and venti	lated					123
Repaired, unblocked					•••		3,733
New gullies fixed							9
Soil pipes repaired or	fixed						5
Cesspools abolished							113
Waterclosets							
New w.c.s fixed in lieu	ı of privie	s, pail	closets :	and defe	ctive w.	.c.s	4
D 1 1	F	•					5
Unblocked						•••	_
Flushing fittings repair	ired and v	vater p	rovided	l		•••	9
New pails provided							-
Pail closets abolished						•••	_
XV (D:							
Waste Pipes							
New slop waste pipes	fitted						2
New rainwater down						•••	3
Rainwater pipes and i		rs repa	ired				16
Slop waste pipes repair						•••	1
Water service pipes re					•••		2
Bath, Lavatory, Slop	sink and	rainw	ater pip	es disco	nnecte	d over	
gullies	•••		• ••	• •••	• • •	• • •	3
Miscellaneous							
	. 1						20
Accumulations remov			• ••	• •••	• • •	•••	32
Backyards cleansed				• •••	•••	•••	9
Backyards repaired	··· ···				•••	•••	4
Courts or passages cle					• • •	•••	3 5
Courts or passages ref Erections in yard repo					•••	•••	Nil
TD 11 1	···	orougi	·		•••	•••	13
Fire ranges re-set, rep		rovide			•••	•••	5
Food stores provided						•••	_
Food stores ventilated						•••	1
Manholes, gullies, bac							6
Manholes, gullies, bac							12
Manure Receptacles a		·	-				_
Manure Receptacles r						•••	_
New damp proof cour	se fixed				•••	• • •	
New floor laid or repa	ired				•••	•••	9
New slops sink fitted		• • •				•••	1
Noise Nuisances abate	ed	• ••			•••	•••	_
Premises cleansed		• ••			•••	•••	1
Roofs repaired	•••	• ••		• •••	•••	•••	9
Various Repairs		• ••		• •••	•••	•••	23
Watercourses cleansed	ı	• ••		• •••	•••	•••	5
Food Hygiene Regulations							
First Inspections	•••						12
Re-inspections	•••				•••	• • •	3,337
Verbal Notices given		••	• ••	• • • • • • • • • • • • • • • • • • • •	•••	•••	5
Written Notices issued	1		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••	•••	9
Made satisfactory	•••	•••	• • • • • • • • • • • • • • • • • • • •		•••	•••	229
Miscellaneous Visits	•••	•••	•	• • • • •	•••	•••	

COMMON LODGING HOUSES

There is only one registered Common Lodging House in the Borough, which accommodates 115 males and no females.

This is a very old building which is gradually reaching the stage where repair and reconstruction is no longer an economic proposition, and consequently action has been commenced by the Local Authority to close the premises under Housing Act procedure.

This decision was not reached very easily, the main concern being the future of the displaced lodgers and their difficulty in finding alternative accommodation.

The Welfare Department have been kept fully informed of the proposed action and there is no doubt that every assistance will be given at the appropriate time.

The premises themselves are within a proposed Clearance Area which is to be dealt with shortly.

ATMOSPHERIC POLLUTION

During 1965 the Local Authority submitted to the Ministry of Housing and Local Government preliminary proposals for the establishment of a Smoke Control Area in Bispham, north of Whiteholme Road.

This area only contained fifteen existing houses, but when developed in the very near future, a minimum of 300 housing units would be built on the land. The Ministry, before giving approval, requested that a phased smoke control programme for the whole of the Borough be prepared and forwarded to them. This programme was in course of preparation at the end of the year.

As in the past few years three volumetric atmospheric pollution machines have been recording the smoke and sulpher dioxide pollution at three sites in the Borough continuously during the year. The records are submitted monthly to the Ministry of Science and Technology at their Stevenage Laboratory for inclusion in the National Survey of Atmospheric Pollution.

A detailed report on the operation of these machines follows this report.

There is very little pollution of the atmosphere by industrial and commercial premises, and again the main pollution problem in the Borough is caused by smoke from domestic chimneys.

The Specialist Smoke Inspector carries out regular smoke observations on industrial chimneys, and during the year 30 timed observations were recorded, and also 651 further visits were also made in respect of complaints, the collection of smoke and sulpher dioxide samples and visits to industrial and commercial premises of an advisory nature.

Two contraventions of Section 1 and one contravention of Section 5 of the Clean Air Act, 1956, regarding dark smoke emissions and a grit emission from boiler chimneys were reported to the Council who resolved to send warning letters re one dark smoke emission and the grit emission, and to institute legal proceedings in respect of the other contravention of Section 1.

Legal proceedings were, in fact, taken against the offending firm and the Magistrate imposed a penalty of £10.

During the year, 17 applications were received for the prior approval of the installation of boilers and heating appliances under Section 3, Clean Air Act, 1956; 16 of these were approved, and one application in respect of an incinerator was disapproved.

Notifications of the installation of new boilers and heating appliances numbered 3.

There continues to be excellent liaison between the Borough Surveyor's Department and the Public Health Department regarding the erection and height of new chimneys under Section 10 of the Clean Air Act, and all plans where height of chimneys is concerned are submitted to the Chief Public Health Inspector for his observations before approval is given.

The Department's Specialist Officers continue to help and advise the managements of industrial and commercial premises regarding the condition of their boiler and process plants, and this work, more than any other, has resulted in adaptations to exsisting plant and new modern plant being installed which has resulted in a considerable reduction in industrial atmospheric pollution.

The co-operation of managements in this respect is very much appreciated by the Department.

The Operation of the Volumetric Atmospheric Pollution Recording Machines. 1st January to 31st December, 1965

Three atmospheric pollution recording machines have been operating continuously throughout the year at the three sites as in previous years.

The machines run 24 hours each day and record smoke pollution by passing air through a filter paper which traps the smoke and dust particles on the paper and the amount of pollution can be calculated in microgrammes per cubic metre by scanning the filter paper under a Smoke Stain Reflectometer.

The amount of sulpher dioxide in the atmosphere is recorded by bubbling air through a weak solution of hydrogen peroxide, and the amount can be calculated in microgrammes per cubic metre by means of a chemical titration.

The results are forwarded each month to the Warren Spring Laboratory of the Ministry of Science and Technology and form part of the national survey of atmospheric pollution, and they in turn provide copies of the National Records of Pollution.

As was the case in previous years the worst average smoke pollution has been from the air sampled at the Infectious Diseases Hospital, but it has been found this year that the smoke and sulpher dioxide pollution has been a little lower at all three sites than was the case in 1964.

This reduction in pollution is most probably due to more people voluntarily deciding to install central heating or more efficient fireplaces burning a solid smokeless fuel, also the fact that there were more gales and windy conditions during 1965 will have had some effect.

The lightest pollution was again recorded in the area around the Hawes Side Lane Clinic and this is only to be expected as this district is less closely built up and has mainly horticultural land to the east side.

As in previous years the main source of pollution is from domestic chimneys as there is now very little smoke pollution from industrial chimneys, apart from breakdowns in the plant.

When weather records are checked against the pollution records it is very noticeable how wind strength affects the weight of pollution considerably, and the worst pollution also always occurs from November to February during calm weather when there is little or no wind and mist or fog forms.

ATMOSPHERIC POLLUTION

Table of Observations from the Volumetric Atmospheric Pollution Machines.

1st January to 31st December, 1965

SMOKE AND SULPHUR DIOXIDE

Average	Munic	No. 1 SITE ipal Health		Inf. I	No. 2 SITE Diseases Hos		Ha	No. 3 SITE	inic
Concentration in ug/m ^g	Smoke	Sulphur Dioxide	Smoke/ SO ₂ Ratio	Smoke	Sulphur Dioxide	Smoke/ SO ₂ Ratio	Smoke	Sulphur Dioxide	Smoke/ SO ₂ Ratio
January February March April May June July August September October November December	345 341 187 117 68 45 33 50 96 150 166 202	217 214 184 111 85 54 43 66 81 166 147	1.39 1.59 1.02 1.05 0.80 0.83 0.77 0.76 1.19 0.90 1.13 1.23	329 321 234 114 74 44 44 52 109 206 201	244 214 214 133 115 93 62 87 127 210 161 185	1.35 1.30 1.09 0.86 0.64 0.47 0.71 0.60 0.86 0.98 1.25 1.07	268 265 179 95 60 35 28 43 72 157 157	184 181 187 110 82 54 38 56 84 152 141	1.46 1.46 0.96 0.86 0.73 0.65 0.74 0.77 0.86 1.03 1.11
Yearly Average	Smoke SO ₂	150.0 127.66			160,40 153,75			127.40 116.66	
HIGHEST DAILY CO	NCENTR	ATION							
January February March April May June July August September October November December	1,036 940 464 188 146 94 67 117 149 313 616 718	643 537 360 179 178 101 82 169 126 344 318 478		988 912 440 184 161 91 71 115 190 368 678 939	731 507 432 190 193 193 96 148 225 343 364 588	ШШШШП	856 788 460 188 138 81 50 104 145 277 593 734	572 439 378 177 175 113 98 114 140 366 380 504	
LOWEST DAILY CO	NCENTR	ATION							
January February March April	68 132 16 60 35 11 16 17 46 29 33 55	66 86 65 55 44 25 26 19 32 33 37 68		48 84 88 32 23 13 24 16 28 19 24 40	61 82 74 46 34 35 27 33 33 45 38 71		60 110 52 36 28 7 9 5 21 31 20 47	55 60 49 47 30 20 20 13 36 35 26 40	
NUMBER OF DAYS	VER								
500 ug/m ³ 2 2 January.							ry. iber.		

Sanitary Conditions in Places of Entertainment

The places of entertainment in the Borough are classified as follows:—

Cinemas	•••			• • •		•••	7
Cinemas also	used f	or Var	ieties d	luring F	Holiday	Season	3
Theatres (Vari	eties,	etc.)				•••	8
Ballrooms .		•••		•••	• • •	•••	5
Ice Drome .		•••				•••	1
Bowling Alleys	S						2

As is usual prior to the commencement of the holiday season the above entertainment premises were inspected, particular attention being paid to the dressing room and washing facilities for artistes and also the sanitary accommodation and washing facilities for patrons.

The inspections revealed that the facilities provided were of a high standard and in no case was any action found to be necessary by the Department.

FACTORIES

During the year 437 inspections of factories were carried out by the District Public Health Inspectors regarding sanitary accommodation.

During these inspections 29 defects were found which resulted in 14 verbal notices being given and three informal notices being served on the occupiers of the factories concerned and 24 of these defects were remedied during the year.

It was not found necessary to serve any statutory notices or institute any legal proceedings in respect of these cases.

Notifications of Outworkers premises resulted in six inspections of these premises being made and all were found to be satisfactory and four notifications of Outworkers were sent to other Authorities.

During the year H.M. Inspector of Factories was notified of two new factories and that six factories had been discontinued.

Factories on Register (Section 8 (3)) at Year End

Trade	Mechanical Power	Non-Mechanical Power
Making or Repair of Wearing Apparel	87	18
Bakeries	118	_
Preparation of other Foods and Drinks	102	1
Building Trades	87	3
Furniture making, etc	27	2
Conveyances and Engineering	175	4
Photography, Printing and Bookbinding	50	5
Other Trades	138	9
Laundries	18	_
Total Factories on Register	802	42

Factories Act 1961

Premises	Inspections		Notices	
	VN		PN	CN
Factories (Without Mechanical Power)	18	2	_	_
Factories (Mechanical Power)	418	12	3	_
Power Stations, Building Sites, Gas Undestakings, etc	1	_	_	- 1
Total Visits Made	437	14	3	<u> </u>

Defects Found and Remedied, Etc.

Particulars	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	No. of prosecutions
Lack of Cleanliness fac(tory only)	_	_		_	
Overcrowding	_	_	_	_	
Unreasonable Temperature	_	_		_	_
Inadequate Ventilation	_	_	_		
Ineffective drainage of floors	_	_	_	_	-
Sanitary Conveniences: (a) Insufficient	$\frac{\frac{3}{24}}{2}$	2 22 —	111	1 10 —	= -
Total	29	24		11	_

HOMEWORKERS/OUTWORKERS PREMISES ... 6

Lists of Outworkers received	•••	3
Outworkers forwarded to other Authorities		Nil
Inspections of Outworkers		4
Matters notified to H.M.I. of Factories:—		
Failure to affix Abstract of Factories Act		2
Other Matters		
New Workshops	• • •	2
Factories and Bakeshops discontinued		6
Circulars served regarding Outworkers		

OFFENSIVE TRADES

There are only three established offensive trades within the Borough, namely

Tripe Boiler	•••	•••		• • •	• • •	1	
Gut Scrapers			• • •		•••	2	

These are fortunately sited within the precincts of the Public Abattoir and consequently are kept under close supervision by the Public Health Inspectors engaged on meat inspection duties.

CARAVAN SITES

The number of caravan sites in the Borough comprising three or more caravans is as follows:—

Holiday Sites			 • • •	3
Combined Holiday and Perm	anen	t Sites	 • • •	2
Permanent Residential Sites		• • •	 	7

All these sites are subject to site licence conditions laid down by the Local Authority under the Caravan Sites and Control of Development Act, 1960.

The site licence conditions are similar to those issued by the Ministry of Housing and Local Government in the "Model Standards" booklet.

In addition to the above sites the Local Authority have granted licences in respect of 40 caravans on 37 small sites where only one or two caravans are situated. The licence conditions are similar to those approved for the larger sites.

All the larger permanent residential sites still have more than the permitted number of caravans allowed by their licences, and the Local Authority's policy of "natural wastage" is being strictly enforced by the Department's Officers, and the number of caravans on each of these sites has again been reduced during the year.

305 inspections have been carried out during the year by the Public Health Inspectors to enforce site licence conditions.

It is interesting to note that the Department has received many more requests this year from intending holiday-makers who wish to find a holiday site for their caravans and in every case a list of holiday sites is sent to the applicants and they are advised to apply direct to the proprietors of the sites.

CLEARANCE AREAS

The position at the end of 1965 was as follows:—

Area	Date of Representation	Confirmation by Ministry	No. of dwellings removed vacated or demolished	No. still Occupi e d	No. of Families
Abbey Road. No. 2	9.2.58	30.6.59	_	1	(2 persons)
Oddfellow Street	21.4.61	22.6.62	2	1	(2 persons)

SLUM CLEARANCE

The Local Authority's second five year programme of slum clearance is now in its fifth year and during 1965, eight houses were closed or demolished, this being a general clearing up of the areas at the end of the programme.

Five houses still remain to be demolished in the Oddfellow Street Area and this delay has been due to the Corporation being unable to reach agreement with one owner regarding compensation value.

However, at the end of the year, agreement was reached and it is likely that these remaining houses will be demolished early in 1966.

Five houses were closed during the year as a result of action under Section 17(1) of the Housing Act 1957 and five families comprising eleven persons were re-housed by the Local Authority.

A. Houses Demolished. Clearance Areas.

	Demolished	Displaced	during year
	Demonstred	Persons	Families
No of houses demolished (unfit for human habitation		_	_
Demolished not in Clearance Areas as a result of Formal or Informal action under Sec. 17(1) H.A. 1957	3	_	_
L.A. houses certified by M.O.H	-	_	- 1

B. Unfit houses Closed

	Demolished or closed	Displaced	during year
	or closed	Persons	Families
Under Sec. 16(4), (17) 35(1) H.A. 1957	 5	11	5

C. Unfit Houses made Fit and Houses in which Defects were Remedied

	By Owner	By Local Authority
After informal action by Local Authority	47	_
After formal notices under the Public Health Acts	22	_

HOUSES IN MULTIPLE OCCUPATION

PERMANENT FLATS

I stated in last year's report that if possible the survey of this type of accommodation would be intensified, but unfortunately staff shortages have resulted in fewer inspections being made than last year i.e. 132 against 207.

HOLIDAY FLATS

This type of accommodation appears to be coming more and more popular as boarding houses and other premises are being converted to holiday flats.

Planning permission is required for the change of use and any premises recently converted are reported to the Borough Surveyor.

After planning consent is given then this department takes steps to ensure that there is full compliance with the Local Authority's standards.

ALLOCATION OF MUNICIPAL TENANCIES

There has been no change in the "Points Scheme" approved by the Town Council in 1965 for the allocation of Municipal Houses.

Houses Erected

Number of municipal houses erected during 1965:— Since the last war (a) Permanent—1 bedroom 121 1,240 (b) Permanent—2 bedrooms 100 820 (c) Permanent—3 bedrooms 38 1,970 (d) Permanent—4 bedrooms Nil 106 (e) Temporary bungalows Nil 343 Number of families re-housed during the year 403

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

... 1,643

The onerous work of administering the above Act has continued steadily throughout the year, one Public Health Inspector being engaged for the whole of his time on these duties assisted from time to time by the Student Public Health Inspectors and the Technical Assistants.

The new filing system evolved to cope with the registration procedure has worked extremely well and has proved invaluable in preparing the statistics for the Annual Report to the Ministry of Labour.

559 premises were registered during the year including 128 offices, 350 retail shops, 19 wholesale shops and warehouses, 57 catering establishments and canteens and 5 fuel storage depots, employing 3,589 persons.

The total number of premises to which the Act applies which has been registered is now 2,302, employing 19,548 persons.

These premises are in the following categories:—

Number of persons on waiting list for the tenancy

of municipal houses at 31st December, 1965

Offices	• • •	• • •	•••	•••	• • •	613
Retail Shops	•••	•••	• • •	•••	• • •	1,359
Wholesale Shops and Wa	rehous	ses	•••	• • •		110
Catering Establishments	and Ca	inteens	•••	•••	•••	213
Fuel Storage Depots	• • •	•••	• • •	•••	• • •	7

The number of registered premises which received a general inspection during the year was 312, and the number of visits by the staff of all kinds was 1,339 which include re-inspections and visits re registration.

The following is a summary of inspections, contraventions found, and premises complying with the Act.

During the year the following initial inspections were carried out :—

Offices	•••		• • •	•••	•••		• • •	117
Retail Sho	ps	• • •	•••		•••	•••	•••	164
Wholesale	Shops	and Wa	reho	uses	•••	•••	•••	19
Catering F	Establis	hments	• • •	•••	•••	• • •	• • •	12
Fuel Stora	ige Dej	oots		•••	• • •	•••	•••	
					Total			312

The following re-inspections regarding compliance with the Act were made:—

Officer						E2
Offices	• • •	•••	• • •	• • •	• • •	53
Retail Shops	• • •	•••	•••	•••	•••	72
Wholesale Shops and Wa	rehous	ses	•••	•••	•••	4
Catering Establishments	•••	•••	•••	• • •	•••	6
Fuel Storage Depots	•••	•••	•••	•••	•••	
			Total	• • •		135

During these re-inspections the following were found to comply with the Act in all respects:—

Offices	• • •	• • •	• • •	• • •	•••	19
Retail Shops	•••		•••	•••	•••	12
Wholesale Shops and Wa	areho	uses	•••	• • •	•••	1
Catering Establishments	•••	•••	•••	•••	•••	1
Fuel Storage Depots	•••	•••	•••	•••	•••	_
			Total	•••	•••	33

Of the remaining 102 premises there had been partial compliance with the Act as follows:—

Offices	• • •	•••	•••	•••	•••	28
Retail Shops	• • •	•••	•••	• • •	•••	55
Wholesale Shops and Wa	areho	ouses	• • •	• • •		3
Catering Establishments	•••	•••		• • •	• • •	5
Fuel Storage Depots	•••	•••	• • •		•••	
			Total	• • •	• • •	91

In the remaining eleven cases where no action had been taken to comply with the Act, two offices and one shop were found to have no employees on re-inspection, one office and one shop were vacant, and in one shop and one office the employers were transferring to new premises in the near future and one shop was being demolished and is to be rebuilt.

In only two offices and one shop was there no attempt to comply with the Act, and further action is being taken in these cases.

The following list shows the type and number of contraventions of the Act found on the initial inspections.

Туре	Offices	Retail	Wholesale Shops and Warehouses	Catering Estab.
,				
ABSTRACT	108	151	16	12
CLEANLINESS	13	27	8	2
OVERCROWDING	1	_	3	_
HEATING Insufficient Thermometer Fumes	. 4 67 1	24 116 —	13	7
VENTILATION	15	53	7	2
LIGHTING	1	1	_	-
FLOORS Defective Coverings	5 18	19 42	3 9	
SITTING FACILITIES	_	14	3	2
STAIRS Defective	4 7	2 9 12	 3 1	2 2
FIRST AID	68	99	12	4
FACILITIES FOR EATING MEALS	_	_		_
DRINKING WATER	1	1	_	-
ACCOMM. FOR CLOTHING	6	12	5	- 1
WASHING FACILITIES Insufficient Defective Cleanliness Hot Water Soap and Towels	17 1 	19 3 2 52 19	5 1 - 9 4	2 - 2 1
SANITARY ACCOMMODATION Insufficient Defective Cleanliness Lighting Ventilation Vent. Inter. Space Assign and Mark	12 2 9 22 7 1 22	2 7 34 31 17 10 23	2 1 8 4 4 5 6	2 — ! ! ! !
DISPOSAL SANITARY DRESSINGS	2	3		1

The duty laid on the Local Authority of investigating accidents under Section 48 of the Act has been fully carried out. During the year 46 accidents were notified to the Department and all were fully investigated.

None of these accidents was fatal and the majority were due to falls of persons in which a great deal of carelessness was involved.

In only two cases did the Department have to take action in respect of two gravity feed slicing machines which were improperly guarded, and the proper guarde have now been fitted in one case and have been ordered in the other case.

The coded details of all accidents have been submitted to the Ministry of Labour in the Quarterly Reports.

ACCIDENT NOTIFICATIONS AND INVESTIGATIONS

Offices	•••	• • •		• • •	• • •	• • •	1
Retail Shop	os	•••		•••		•••	30
Wholesale S	Shops and	Warehous	ses			•••	1
Catering Es	tablishme	ents		•••	• • •	• • •	9
Fuel Storag	ge Depots	• • •	• • •	•••		• • •	5
						-	
				Total		•••	46

Exemptions

During the year one exemption under Section 27(7) of the Act was granted to a large multiple store as a satisfactory First Aid Room was provided which complied with all the standards laid down.

SPECIAL REPORT ON LIGHTING STANDARDS

Replying to a request from the Ministry of Labour, a special report on lighting standards relating to premises inspected during October, November and December, 1965, was prepared, and the following is a copy.

- (1) Natural Lighting. On bright days the natural lighting found in most offices and shops was generally satisfactory, but on dull, cloudy days the general impression was that natural lighting was far from satisfactory in some of the premises.
 - Artificial lighting. Generally speaking, artificial lighting was found to be satisfactory in most shops and at the working surfaces of desks in offices, but was found to be unsatisfactory in some offices at filing cabinets.
- (2) In one or two instances it was found that artificial lighting at desk and drawing board working surfaces was totally inadequate, in one instance only one small 60 watt bulb was provided over a desk (4 lumens).
 - The unsatisfactory natural lighting was mainly found in offices.
- (3) The Department uses the lighting standards issued by the Society of Illuminating Engineers as a guide, but has not recommended any specific standards of lighting in terms of lumens, to occupiers of offices and shops.
- (4) The Department has not found any cases of excessive glare in offices and shops that has been particularly noticeable during the inspections. The method of assessing glare has been taken from the recommendations issued by the British Lighting Council.

DEBATE

One point which has emerged during the year's inspections is the inadequate or non-existent means of ventilation in many of the newer shops in the Town Centre. The occupiers in the main say their shop doors are open most of the time for selling purposes and contend that this gives the shop sufficient ventilation. The Inspector has requested many occupiers of shops to install fans for extract ventilation, and the occupiers have informed him that Insurance Companies object to fans in large plate glass windows as they contend it weakens the glass and renders it more liable to breakage.

It must be appreciated that the number of initial inspections and re-inspections under the Act have to be related to the available staff of Public Health Inspectors of which there is an acute shortage in this Borough.

During the past year it has only been found possible to allocate these duties to one Inspector who has devoted the majority of his time to this work. It is hoped that more staff will be recruited in the early part of the new year.

RENT ACT, 1957

No. of applications received 3 No. of undertakings given by owner ... 2

One certificate of disrepair has been authorised and will be issued early in 1966.

NOISE ABATEMENT ACT, 1960

My opening remarks must, of necessity, be the same as last year, insofar as the number of complaints of this type of nuisance continues to increase, but whereas 466 visits were made last year, this year's total is 651. These investigations are generally more time consuming than the average, and in many cases involve visits at week-ends and during the night.

Since the Act came into operation the complaints have been mainly in respect of excessive noise from machinery in factories, workshops and business premises situated close to dwellinghouses, but last year a new noise came on the scene, i.e. "Beat Groups" using amplifiers playing in Clubs, etc., and also rehearsing in dwellinghouses and other places. Several complaints of this nature were investigated and intall cases the noise levels were so high that there was no difficulty in establishing as statutory nuisance. In most cases informal action by the Public Health Inspector was successful, and the service of abatement notices had the desired effect in the remainder. The number of "Groups", however, continue to increase, and there is no doubt we have not "heard" the last of this problem.

I have every sympathy for people subjected to this form of nuisance, one has to hear the continuous drone and beat to appreciate the serious effect this can have on the health of the unfortunate sufferers.

In addition to action available under the Noise Abatement Act, byelaws for preventing undue noise from loud speakers, amplifiers, juke boxes, etc. are also in force in the Borough. The Police Department enforce these byelaws and I am grateful for their co-operation and assistance in dealing with this serious problem.

RODENT CONTROL

The continuous examination of land and premises for rodent infestations during the year entailed 1,057 visits, summarised as follows—Business Premises 411: Dwellinghouses 514: Open Spaces 132.

From this number 63 premises were found to be infested. Orders requesting control of these infestations were duly received and the work was carried out satisfactorily.

SURFACE INFESTATIONS

The number of complaints received was 593. Of this number 52 were found to be clear after test baiting. Treatment was carried out at 245 business premises and 295 dwellinghouses. The total number of surface infestation visits made during the year was 2,337.

RODENT CONTROL IN SEWERS

Two control programmes were carried out during the year for control of rats infesting sewers. In May 439 manholes were baited with poison and in October/November 445 manholes were test baited followed by a further 408 manholes baited with poison.

During the year 1,292 manholes were examined, baited and re-examined. Of this number 64 were proved to contain rats and these manholes were baited until no further takes were recorded.

OTHER ANIMAL INFESTATIONS

Pigeons

Complaints were received of pigeons causing a nuisance at 97 premises. A total of 343 pigeons and 15 eggs were destroyed either during visits to these premises or during the pest control staff's nocturnal shooting trips to various parts of the Borough.

Rabbits.

23 visits were made to premises and land concerning infestations by wild rabbits and the necessary eradication steps were taken in all cases.

Moles, Voles etc.

16 premises were visited and the necessary treatments were carried out satisfactorily.

INSECT AND MITE INFESTATIONS

Treatment and/or advice was given as a result of the following number of infestations—1,228—summarised as :—

Vermin,	bugs, fl	eas and	llice	•••	•••	718
Cockroa	ches	•••	•••	•••	•••	192
Ants	•••	• • •	• • •	•••	•••	54
Moths	•••	•••	•••	•••	•••	5
Flies	• • •	• • •	•••	• • •	•••	18
Woodbo	ring Ins	sects	•••	• • •	• • •	106
Other Pe	ests			• • •		135

In addition 32 males and 3 females were disinfested for infestations of body lice.

STAFF ENGAGED ON PEST CONTROL

The staff engaged on Pest Control comprises the Pestologist and three Rodent/nsect operators.

HAIRDRESSERS AND BARBERS ESTABLISHMENTS

The Blackpool Corporation Act, 1958, provides that persons shall not carry on the business of a Hairdresser or Barber unless both persons and premises are registered by the Local Authority. It also gives authority to the Council to make Byelaws for the purpose of securing (a) cleanliness of registered premises, and instruments, towels, materials and equipment used in the premises, and (b) the cleanliness of all persons employed on the premises in regard to both themselves and their clothing.

During the year there were 283 ladies' and gentlemen's hairdressing establishments on the Local Authority's Register.

Due to the Shortage of staff and pressure of other work it was only possible to carry out 51 inspections of this type of premises.

In those premises inspected a good standard of cleanliness and general hygiene was maintained.

GENERAL FOOD SUPPLIES

Food Hygiene (General) Regulations, 1960

In all Local Authorities there are certain aspects of the work of the Public Health Inspectors' department which can be deemed to have some priority by reason of the size, age and character of the area.

Although we have our share of the usual problems of a County Borough of this size as a seaside resort, however, catering for some seven to eight million visitors each year, the protection and safeguarding of food prepared, sold and stored is of extreme importance in an effort to reduce, so far as is possible, the incidences of food poisoning outbreaks.

There are approxiametly 6,500 food premises of all types on the department's register and one Public Health Inspector devotes the whole of his time to this work. Other District Public Health Inspectors assist whenever possible.

It is the policy of this department to visit certain premises at least once a year and to make more frequent inspections of others, but unfortunately owing to staff shortages this is not being achieved. Approximately 5,000 visits were made during the year.

In a large number of premises seasonal staff are engaged and every effort is made: not only as previously stated to inspect the premises, but to talk to the staff on their own responsibilities in personal hygiene. It is felt that this educational approach can be of great benefit in safeguarding the food prepared and sold. It is pleasing to record that in the majority of cases the department's officers have received excellent cooperation from the proprietors of food businesses, and informal action has generally achieved the desired result.

It has been said on occasions that very little progress has been made since the advent of the Food Hygiene (General) Regulations, but to me this is sheer nonsense: as a marked improvement has been shown in this area over the past few years, and I am sure that this also applies to other areas.

The Public Health Department in conjunction with the Blackpool Technical College and the Royal Institute of Public Health and Hygiene arrange annual courses in food hygiene for food handlers, and the Public Health Inspectors play their full part in lecturing to the students. These lectures are reasonably well attended but I feel that if a high standard of food handling is to be achieved then more and more food handlers must be encouraged to attend these lectures.

Meat Inspection

The only slaughterhouse in the Borough is a public slaughterhouse owned and controlled by the Local Authority. The Inspection of all animals (approximately 100,000 each year) is carried out by the Abattoir Superintendent, who is a fully qualified Public Health Inspector, and he is assisted by other fully qualified Public Health Inspectors; consequently 100% meat inspection is achieved.

Inspection of wholesale and retail butchers' premises is carried out by the Chief Meat and Food Inspector, the Food Hygiene Officer and District Public Health Inspectors. In the majority of premises visited during the year a high standard of hygiene was maintained but there are, however, a small number of premises where it is essential for frequent visits to be made to keep the management "on their toes".

I am firmly of the opinion that in order to prevent deterioration of the standards frequent visits must be made by the Inspectors, but unfortunately this is not at present possible with the limited staff available.

It is interesting to note that more and more pre-packed meat products are being sold and that many shops have been adapted for this purpose. The managements, when questioned, appear to be satisfied that the initial prejudice against this form of retailing is being overcome and sales are now proving satisfactory.

This change is welcomed by the department, particularly with the improvement in storage and display.

Stalls on Sands

During the holiday season approximately 71 stalls are sited along the length of the sands and all are required to comply with the Food Hygiene (General) Regulations, the Bye-laws made under the Food and Drugs Acts and the Local Authority Licensing conditions. The stalls are used mainly for the sale of ice cream, minerals, oysters and other shell fish etc. All the stalls are inspected prior to them being opened at the commencement of the season, and periodic checks are made afterwards.

Other Stalls

During the holiday season a large number of stalls are used for the sale of a variety of food stuffs and these are sited on the forecourts of premises on the easterly side of the Promenade, the majority being on that section between the old Central Station and the Central Pier, known as the Golden Mile. These stalls, like those on the sands, have to comply with the same regulations, Bye-laws etc., and they are inspected regularly by the staff during the normal working hours and also in the evenings and at week ends.

The problem again here is the employment of seasonal and temporary staff and every effort is made by the staff of this department to talk to the employees on the basic principles of personal hygiene.

During the year a number of hot dog and roasted potato mobile stalls were found to be operating in the town centre, and after representations were made to the Council the town centre was declared to be a prohibited area for this type of trading.

PUBLIC ABATTOIR—SLAUGHTERHOUSE ACT, 1958

The Ministry of Agriculture, Fisheries and Food when accepting the Council's Slaughterhouse report proposed to appoint the 1st January, 1964 as the day on which the Slaughterhouse Construction Regulations would be enforceable in this Borough.

As previously reported in 1963 and 1964 the delay in preparing plans was caused by the Meat Traders disagreeing with the Local Authority's policy on the methods of construction, their main objection being in respect of the proposals to construct a single line for cattle for dressing.

The Minister was again notified of the delay and he agreed to postpone the "Appointed Day" date and to await the Council's recommendations for a new date. Further meetings with the Local Authority and the Meat Traders were held throughout the year and it was agreed that the Council receive plans submitted by the Traders for re-modelling the Abattoir or for re-construction on the same site. The Minister however intimated that he would find it difficult to justify fixing the date later than 1st April, 1966.

Public Abattoirs

The number of animals killed shows a decrease compared with previous years. This decline in the quantity of meat handled at the Abattoir follows the general pattern in the meat trade for the rest of the country. Rising prices have coincided with the reduction of imports from the Argentine and at the same time there has been an increase in export of meat to the Continent.

The low incidence of tuberculosis again illustrates the success of the T.B. eradication scheme. A few years ago bovine tuberculosis affected a large percentage of all cattle and pigs: today the disease is seldom encountered.

Year	Cows	Heifers	Bullocks	Bulls	Calves	Sheep	Pigs	Total
1942 1943 1944 1945 1946 1947 1948 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963	2,109 2,532 2,678 2,837 4,075 3,224 4,075 4,610 5,606 5,361 3,749 5,719 3,972 2,126 1,946 2,239 3,136 2,180 2,404 2,372 3,218 2,825 2,631 1,695	2,751 2,299 2,138 2,686 2,391 2,273 1,938 2,230 4,127 5,119 4,546 3,205 4,883 4,917 4,416 4,209 3,553 2,338 1,980 2,890 2,905 3,285 3,064 2,265	3,895 3,758 2,435 4,462 4,968 4,093 3,397 2,691 3,249 3,376 2,889 3,164 3,021 4,249 6,810 7,213 6,352 7,299 9,151 10,201 9,477 9,790 8,264 7,581	181 183 170 192 154 108 129 204 303 294 175 213 118 39 29 25 25 21 18 31 35 29 21	8,081 10,444 9,544 10,764 11,671 7,929 7,589 6,202 7,257 7,408 7,477 5,198 3,019 1,358 1,989 1,713 1,034 809 1,212 1,805 1,887 1,473 1,473 1,113	62,171 48,843 45,627 40,450 54,015 24,932 36,015 34,276 36,593 34,885 38,212 46,161 59,369 47,851 59,115 64,211 58,144 80,230 76,825 89,129 81,699 71,934 72,051 66,728	1,144 696 691 1,258 607 290 550 711 2,032 4,248 7,663 7,493 15,750 18,087 17,044 18,123 19,746 19,090 19,623 20,084 18,616 17,158 17,935 17,550	80,332 68,755 63,283 62,649 77,881 42,849 53,693 50,924 50,167 60,661 64,711 71,153 90,132 78,627 91,349 97,733 91,990 111,967 111,213 126,512 117,837 106,494 105,079 96,736

MEAT CONDEMNED

						Totals Lbs.	brou	ght for	ward				84,182
Abscessed						13,064	Jaundice						90
Actino-Bacille	osis	• •	• • •	• • •		685	Laintill						291
Actino-Myco:						75	Johnes Disease						314
Anaemia		• •	• •	• •	• •	128	Mantitic						731
Arthritis	• •	• •	• •	• •		1,369	Malamania						91
Bone Taint	• •	• •	• •	• •	• •	382	Manilyand						462
Bruised	• •	• •	• •	• •	• •	1,071	Manheitie						163
Cadavers	• •	• •	• •	• •	• •	756	Not Dehaired.						45
Cirrhosis	• •	• •	• •	• •	• •	828	Ondomo						149
	• •	• •	• •	• •	• •	5,260	Donositio	• •	• •	• •	• •	• •	7,327
Congested	• •	• •	• •	• •	• •	585	Pericarditis	• •	• •	• •	• •	• •	1,794
Decomposed	• •	• •	• •	• •	• •	54	Peritonitis	• •	• •	• •	• •	• •	725
Deformed	• •	• •	• •	• •	• •	51		• •	• •	• •	• •	• •	198
Diamonds	• •	• •	• •	• •	• •	597		• •	• •	• •	• •	• •	26
Dropsy	• •	• •	• •	• •	• •			• •	• •	• •	• •	• •	556
Emaciation	• •	• •	• •	• •	• •	3,276	Posioning	• •	• •	• •	• •	• •	
Empyema				• •		17		• •	• •	• •	• •	• •	5,295
Erysipelas				• •		523	Sarcoma	• •		• •	• •	• •	96
Fasciolasis						50,432				• •		• •	2,293
Fevered						4,502							37
Fibrosis						_ 11	Telangiectasis						1,561
Fractured						372	Tuberculosis						1,018
Immature						144	Unsound						3,494
							Urticaria						108
		carrie	d forw	ard		84,182	Xanthosis						175
										Total			111,221

Carcases and Offal inspected and condemned in Whole or in Part

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	9,863	1,695	900	66,728	17,550	_
Number inspected	9,863	1,695	900	66,728	17,550	-
All diseases except Tuberculosis and Cysticerci:						
Whole carcases condemned	3	10	29	81	118	_
Carcases of which some part or organ was condemned	5,937	875	9	5,057	1,268	_
Percentage of the number inspected affected with disease other than tuber-culosis and cysticerci	60	52.3	4.2	7.7	7.9	-
Tuberculosis only:						
Whole carcases condemned	_	_	_	_	_	_
Carcases of which some part or organ was condemned	4	-			23	
Percentage of the number inspected affected with tuberculosis	.04	-	_	_	.1	_
Cysticercosis:						
Carcases of which some part or organ was condemned	4	2	_	_	_	_
Carcases submitted to treatment by refrigeration	_	_	_	_	_	_
Generalised and totally condemned	-	- 1	- 1	-	-	

SALE OF HORSEFLESH

There are no shops in the Borough which sell horse meat for human consumption.

DISPOSAL OF CONDEMNED MEAT AND OTHER FOODS

Under the Meat (Staining and Sterilisation) Regulations, 1960 all meat and offal, which, on inspection at the Public Abattoir, has been found to be unfit for human consumption, is stained with a green dye before being removed from the premises and delivered to a firm at Widnes where it is converted into fertilisers and none is sold as pet animal food.

This practice ensures that there is no leakage of condemned meat and offal through unauthorised channels whereby the health of the public may be endangered.

All foods which are condemned as unfit for human consumption by the Public Health Inspectors in shops and food warehouses, are collected by the Department and removed to the Refuse Disposal Works and destroyed by incineration.

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957

The original number of 55 piggeries to which the above Order applied has now been reduced to 31.

The work of inspecting these premises regarding the boiling of waste food (swill) and cleansing of vehicles on which swill is carried is done by the Chief Meat and Food Inspector and the District Public Health Inspectors.

During the year 37 inspections were made at all the premises involved and all were found to comply with the Order.

LIST OF FOODSTUFFS CONDEMNED DURING 1965

During the past twelve months, the undermentioned foodstuffs were condemned as unfit for human consumption. This is an addition to the meat condemned at the public slaughterhouse.

Articles	Units	Pounds	Bags/Boxes	Tins/Jars
Biscuits Meat (tinned) Bacon and Ham Fish (fresh) Shellfish Fruit (fresh) Vegetables (fresh) Fish (tinned) Fruit (tinned) Fruit (tinned) Puddings Butter and Fats Jams and Marmalades Bread Tea and Coffee Rabbits Poultry Cheese Eggs Cereals Sweets Soup Miscellaneous		7,156 129 397 3 43 718 146 7,242 1,948 1,78 511 95 213 — 115 — 26 — 2 561 414 853	20 97 4 31 3 1 77 64 28	1,578 2 4 393 4,662 1,414 1,46 315 16 119 15 2 491 537
Totals	221	20,750	325	9,694

FOREIGN MATTER IN FOOD

During the year the Department received forty-five complaints in respect of foreign matter in food, which is ten more than in the previous year.

Of these complaints ten were reported to the Related Health Services Committee, resulting in warning letters being sent to the firms involved in seven of the cases.

The seven warning letters sent were in respect of :—

- 1. Insect in tin of apple and blackberry filling.
- 2. Cigarette end in a chocolate egg.
- 3. Mould in meat pies.
- 4. Foreign matter in icing sugar.
- 5. Piece of glass in a tin of salmon.
- 6. Mould in a lemon roll cake.
- 7. Mould in pork sausages.

It has again been noted that even with the most excellent premises, plant, machinery and equipment, the food manufacturer is entirely dependant on the staff he employs to ensure a first-class product.

In almost every case brought to the Department's notice, the cause was due to some error or lack of care on the part of the human element.

Owing to the amount of publicity given to food hygiene and the increased public awareness regarding the quality and purity of food, the Department continues to receive an increasing number of complaints each year.

MERCHANDISE MARKS ACT, 1926

The Chief Meat and Food Inspector regularly carries out inspections to ensure compliance with the Act.

A few minor contraventions were found regarding the labelling of tomatoes as to their country of origin, mainly Guernsey tomatoes being labelled "English" especially during the month of May.

Representations to one person in charge, by the Inspector ensured that correct country of origin labels have been subsequently attached.

Very occasionally the same situation has been found with regard to meat and apples, but again representations by the Inspector have resulted in correct labelling of the food immediately.

No formal action under the Act was necessary in respect of any of these contraventions.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

Five premises are registered under Section 2 of the Act, i.e. premises where filling materials are used.

No premises are registered under Section 6 or 7, i.e. premises where rag flock is manufactured or stored.

Twelve samples were taken during the year and there were no contraventions of the Act.

PET ANIMALS ACT, 1951

Seventeen premises within the Borough are licensed under this Act by the Local Authority.

During the year 30 inspections of these premises were carried out by the District Public Health Inspectors and all were found to comply with the license conditions.

RIDING ESTABLISHMENTS ACT, 1963

The number of premises licensed under the Act remains the same as last year, i.e. 6. Veterinary Officers appointed by the Local Authority inspect and submit recommendations before licences are renewed each year. During the remainder of the year Public Health Inspectors periodically inspect to ensure that satisfactory conditions are maintained.

At one of these establishments a riding school is operated and there is a small paddock at the rear used for riding practice. The paddock is in frequent use and during dry weather volumes of dust are hurled up by the horses and carried by the winds into adjoining dwellinghouses, occupiers of which complain strongly. Statutory Notices under Section 93, Public Health Act, 1936, were authorised by the Local Authority and served.

FOOD PREMISES

The following is a list of premises in the Borough where food businesses are carried out:—

Bakehouses	118
Butchers' Shops	189
Fish and Chip Shops	129
Restaurants, cafes, snack ba	ars etc 318
Residential Catering (Hotel	s, Boardinghouses) 3,807
Ice Cream Premises	36
Liscensed Premises, Clubs e	tc 206
Retail Food Shops	1,159
Food Factories	65
Factory and Works Canteer	ns 53
Stalls	58
Miscellaneous	15

MILK SUPPLY

The following is a list of milk purveyors in the Borough:—

Milk Stores	8
Dairymen's Premises(not including farmers)	. 8
Distributors of bottled milk from retail shops	288
Street Roundsmen using registered dairies other than own premises	22

MILK (SPECIAL DESIGNATIONS) REGULATIONS

The following licences under the above Regulations were in operation at the end of the year 1965:—

Licensed Bottling Establishments

Pasteurised		•••	•••			1
Tuberculin Tested	d (Lice	ence iss	ued by	the Mi	nistry)	1

Dealers' Licences (Prepacked Milk) :—

Tuberculin Tested	•••	• • •	• • •	•••	96
Pasteurised					256
Sterilised					220

Methylene Blue Test

Grade of Milk	Outside	Borough	Inside the Borough		
Grade of Wilk	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	
Untreated	97 7 void	38	21	3	
Pasteurised	68	3	22 1 void	1	
Past. Homogenised	43 1 void	-	_	_	

Phosphatase Test

Grade of Milk	Outside th	e Borough	Inside the Borough	
Grade of Willik	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Pasteurised Past. Homogenised	71 44		24	_

Animal Inoculation Test

	Outside th	e Borough	Inside the Borough		
Grade of Milk	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	
Untreated (for Tuberculosis) Untreated (for Brucellosis)	37 35		3	_	

Cultures for Brucella Abortus

	Outside th	e Borough	Inside the Borough		
Grade of Milk	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	
Untreated	15	4	_	_	

Turbidity Test

Γ				Outside th	e Borough	Inside the Borough		
Grade of Milk Satisfactory		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory			
:	Sterilised	 •••		67	1	_	_	

THE MANUFACTURE AND SALE OF ICE CREAM IN THE BOROUGH DURING 1965

1. Introduction

It is said that when two Englishmen meet, the first topic of conversation is the weather—the same may well hold true for our Blackpool ice cream manufacturers. Small wonder when one considers the important part it plays in their business lives, sunshine and profits going hand in hand. A black weekend brings despair to the boardroom, but one imagines a frosty smile on the chairman's face after a heat wave.

Not suprisingly, we have made full use of this gambit ourselves in presenting past: reports. This year (with grateful acknowledgement to "The Guardian's" own Reporter) we thought we might focus on the origin of this delectable confection.

According to his researches it was Alexander the Great, better known in another sphere, who introduced ice cream to a wider world. His methods were primitive but his wage bill was low: he sent his slaves into the mountains to gather hard-packed snow, and this, mixed with honey, fruit juice and milk, was served at banquets.

For some reason the method for making this early ice cream disappeared with Alexander's empire. It was left to Marco Polo to bring back to Venice from China newer recipes for European use. From that time, ice cream was part of the Italian way of life.

In Britain the great leap forward came when hundreds of itinerant Italian ice cream makers arrived in the second half of the nineteenth century. They owned a virtual monopoly, and some of their descendants still contrive to make their living, against the competition of the national manufacturers, in this premier resort of ours.

2. Registration of Manufacturers and Purveyors

Seven of our local manufacturers, three of long standing, decided that it was no longer worth their while to compete against national branded products. Our total number has therefore declined to 23.

Retail selling points must now be very near saturation. These number over 600° and have increased but slowly over the past twelve months.

3. Premises

The structural condition of premises used in the manufacture of ice cream was satisfactory, and accommodation in all cases was adequate. Retail selling points operated satisfactorily during the year.

4. Equipment

It is difficult to say with certainty which of the two types of ice cream, the traditional hard or the soft variety, the public prefers. As two of our manufacturers have concentrated on the sale of the soft mix from new expensive purpose-made vehicles, they obviously think the pattern, followed over the last three years, of increased soft ice cream sales, is likely to continue.

One finds that in the case of the smaller manufacturer he tries to obtain the best of both worlds by selling the two side by side; new soft-heads have accordingly made their appearance.

To stay 'with it', expensive equipment has to be installed, and in this highly competitive industry, there is no cossetting of the weak—they go out of business.

5. Sampling

For the purpose of analysis, 18 samples were taken for chemical and 51 for bacteriological examination.

6. Chemical

The operative regulations remain the Food Standards (Ice Cream) Regulations, 1959.

- (a) The standards lay down a minimum of 5% fat and solids other than fat $7\frac{1}{2}\%$ for ordinary ice cream, whilst dairy ice cream must contain not less than 5% milk fat and $7\frac{1}{2}\%$ solids other than fat. Parev (Kosher) ice cream must contain not less than 10% fat and no milk fat or any other derivatives of milk.
 - (b) No ice cream of any description must contain artificial sweetner.

An amendment in 1963 permitted the addition of sugar to the complete cold mix powder after heat treatment.

A comparative classification of the fat content in the samples for the years 1963, 1964 and 1965 is shown in the following table:—

Classification Fat Content %	1963	1964	1965
Below 5 Over 5 Below 6 Over 6 Below 7 Over 7 Below 8 Over 8 Below 9 Over 9 Below 10 Over 10	1 2 3 1 5 5	3 4 2 5 4 10	3 4 1 2 5 3
	23	28	18

Samples taken on the sands gave the following fat percentages in relation to the respective manufacturers coded A to D.

Manufacturer	A	В	С	D
Per Cent. Fat	8.6	10-1	8.3	9.9

Under paragraph 6(a) it will be noted that in relation to the fat content the legally prescribed minimum is 5%. By special condition inserted in the licences to trade on the sands, however, it is required that ice cream sold from the stalls on the sands must contain not less than 8% of fat.

All samples complied with the operative Regulations.

7. Bacteriological

The following table shows the grading of the 51 samples submitted for examination for the methylene blue test:—

Class of Mix.	Provisional Grade			Totals	
Class of Wilx.	1	2	3	4	Totals
Heat Treated Cold		3	6	8	51
Total	34	3	6	8	51

Grades 1	l and 2	Grades	3 and 4
1962	77.3	1962	22.7
1963	85.4	1963	14.6
1964	80.5	1964	19.5
1965	72.5	1965	27.5

8. Summary

1965 saw fewer samples taken than in previous years. This, as you know, was because the Chief Meat and Food Inspector was busily engaged on matters of more pressing urgency.

It is disappointing to report that, bacteriology, the results were less favourable than in 1964. In passing, we might point out that five of the Grade 4 samples were obtained from 'Soft Heads'. On investigation it was found that whilst sterilisation procedure was excellent, the mix itself was unsatisfactory due to a faulty method of storage and the non-rotation of the stock after receipt. It is unlikely that this problem will recur.

We mentioned earlier the tendancy for the big firms to grow bigger (70% of all ice cream is sold by two national companies) and for the smaller manufacturer to be bought, or driven, out of business. Rationalisation, a term much in favour at present, is a fait accompli in the ice cream complex.

There is still, however, a place for the small man who can provide a quality article at a competitive price. This, coupled perhaps with a flair for inventiveness or presentation, gives him his economic viability. Which brings us to the pleasant duty of congratulating one of our own manufacturers on his product. Not only did the "Velvet Kind" collect a Silver Medal at the Ice Cream Alliance, but also a similar award at the Royal Dairy Show in the Horizontal Freezer Class.

A most cordial relationship exists between the trade and the department, and, in conclusion, we again acknowledge the willingness of all maufacturers to co-operate at all times in whatever measures are suggested by us.

FOOD AND DRUGS ACT, 1955

	Number of samples of each article examined			Number of samples of each article regarded as adulterated		
	Formal	Informal	Total	Formal	Informal	Total
Acetylsalicylic Acid Tablets Almonds (Ground) Ammonium Chloride Tablets Analgesic Powder (Renipas) Asthma Remedy			! ! !			
Bamboo Shoots Bacon and Mushrooms in White Sauce Beans Baked with Frankfurters in Tomato Sauce Beans Baked with Sweetcure Bacon	_	-	1	=	_	_ _ _
Beef burgers Beef (Corned) Beef (with Onions & Tomato in Savoury Sauce) Beef Loaf (Corned)	=	1 2 1 1	1 2	= =		= =
Beef Loaf (Minced) Beef (Minced with Onions & Gravy) Beef (Minced in Gravy) Beef (Pastry) Beef (Potted with Butter)		i 2 1	i 2 !			
Beef (Steak with Gravy) Bi-Carbonate of Soda Bi-Sodal Powder Butter		1 8	 	 		
Cake and Bun Mixture Cake Mixture Cake Mixture (Jam Sandwich) Calaim Lotton	-	- ! !	1 1 1 1			
Calcium Lactate Tablets Cetavlex Cream Cheese (Cheshire) Cheese (N.Z. Cheddar) Cheese Spread	_ _ _ _	1 1 -	1 1 1 1			
Cheese and Celery Spread		 	1 1 1 2	_ _ _	_ _ _	= =
Chicken (American) Chicken Dinner Chicken and Mushrooms (cooked) Chicken (Minced in Jelly)		1 1 1	1 1 1		-111	-
Chicken Supreme with Rice Chops (Lamb) with Carrots in Gravy Clearasil Skin Oinment Coconut (Desiccated)		1 1 1 2	1 1 1 1 2			
Coconut (Medium)		1 1 1				
Coffee Coldrex Tablets Confectionery (Biscuits) Confectionery (Cakes) Cornflour	- - -	2	3 1 1 2 2			
Corn (Sweet) Cough Mixture Cough Syrup (Vick Cetanium) Crab (Dressed)	<u>.</u>	1 2 1 3 8	2 2 1 2 1 3			=
Cream (Double) Curry (Beef with Mushrooms) Curry (Chicken) Curry (Chicken in Coconut Milk) Curry Powder	<u>-</u> - -	8 1 1 1	8 	= = =		
Custard Powder Dessert Mix (Dream Topping) Dessert Table Creams Dessert (Chocolate Frost N Fill)		1 1 2 1	1 1 2		= = =	
Dessert Powder (Coffee Flavour)	Ξ		1	Ξ	Ξ	=
Carried Forward	7	94	101	_	2	2

	Number	r of samples	of each	Number article re	of samples	of each ulterated
	Formal	Informal	Total	Formal	Informal	Total
Brought forward	7	94	101	_	2	2
Endrine Nasal Compound Energy Tonic (Quinphos)		1	1	=	_	
Epherdrine Nasal Catarrh Specific	_	i	1 2	_	_	
Fat (Vegetarian)		Ī	1	_	_	
Felsol Powders Ferrous Sulphate Tablets		1	1	_	_	
Fish Paste	_	İ	1	_	_	
Flavox (for gravy)	=	i	1	_	_	_
Flour (Self Raising)		1	2	_	_	- - - - 1
Fritter Mix	_	į	į	_	_	_
Goose (Boned in Natural Juice)	_		i	_		
Grill (Mixed)	_	1	1	=	_	
Ham (Chopped with Pork)	_	3	3	_	_	_
Ham Tivoli	_	1	i	_	=	=
Ham and Chicken Roll Hamburgers with Onions and Gravy		1	1	=		
Hamburgers in Gravy with Veg	_	1	1	_	_	
Herrings (Fillets in Cream Sauce)	Ξ	i	i	_	_	
Ice Cream Ice Cream (Dairy)	2	10 6	12 7	_		
Ice Cream Powder		Ĭ	1	_	1	1
Isoniazid Tablets		i	1	_	_	
Jam	1	6	7 6	_	11	1
Kaolin Compound Powder	_	1	Ĭ	_	_	_
Kidneys (Braised)		1	1		_ =	=
Kwells (Travel Tablets)	_	1	1			
Lamb Tongues	<u> </u>	i	i	_	_	_
Lard Liver, Bacon and Onions with Gravy	_1	3	4	_		_
Liver Salts (Andrews)	_	1	1			
Laxative Chewing Gum	_	i	i	_	_	-
Macaroni Cheese	_	i	1	_		
Magnesium Trisilicate		1 7	1			_
Margarine	_	í	i		_	_
Marmade			1		=	
Meat Paste	_	2 6	2 6	_	_	
Mercury Ointment (Ammoniated)		1	1		_	-
Milk Milk (18% Butterfat)	17 —	63	80 2			<u>3</u>
Milk (F.C. Evaporated)	_	1	1	=	-2 	1111111111
Milk Shake Syrup (Orange)	_	į	į į	_	_	-
Mussels		l l	1	_		
Nemakol Tablets	1	1	2		_	
Oatmeal (Medium)	=	i	i	_	_	-
Orange (Instant)	_	1	i	_	=	-
Oxtail (Haricot)	_	1	1	=		=
Pancake and Batter Mix	_	i	i	_	_	-
Paraffin Liquid Emulsion with Phenolph- talein		1	1	_	_	-
Paraffin Liquid Emulsion Pastry Mix			1	_	_	
Pate Truffe (Swiss)	_	i	1		_	
Patc with Mushroom	=	l	Ì	=	=	_
Carried forward	35	272	307	1	7	8

	Number of samples of cach article examined			Number of samples of each article regarded as adulterated		
	Formal	Informal	Total	Formal	Informal	Total
Brought forward	35	272	307	1	7	8
	33	212		1	,	°
Pepper (Ground White) Pie	_	4	1 4		_	
Pie Filling	_	5 1	5	_	_	_
Pork (Chopped)		2	1 2		2	
Pork and Tongue	_	1	1	_	_	_
Pork Roll (Stuffed)			i			
Pork (Pure)	—	1	į	—	— i	_
Potato Croquettes (Frozen)		1 10	10	_	_	_
Pulmo Bailey	_	1	Ĭ	_	_	_
Ravioli		1 1	1		_	
Rice (Ground)	1	_	i	_	_	_
Sardines		1 2	1 2			_
Salmon (Potted with butter)	_ _ _ _ _	1	1		_	
Sauce Scalp Lotion		2	2			_
Scalp Lotion	-	i	i	_	_	= 1
Shortening (Vegetables)		<u> </u>	I	_	_	- 1
Shrimps	_	2	2	=	\equiv	
Shrimps	_	1	!	_	-	_
Soft Drinks	_	7	7		= 1	{
Soup	1	5	6	-	_	
Spaghetti in Tomato Sauce	=	i	i			
Spagnetti Sausages and Meat Balls	_	i i	1	- !	_	_
Sponge Mixture (Sweetened)	_	i	i		_	
Steak (Stewed)	_	2	2	_	1	1
Steak (Minced with Gravy and Onion)	=	i	1 1	=	_	
Steak (Savoury Minced)	-	1	İ	-	_	- 1
	_		i i	_	_	_
Stew (Beef with Vegetables)		į	i	- - - - - -	_	_
Stew (Irish)	_	3	3			_
Tapioca Seed	_	i	i	_	_	$\frac{-}{1}$
Tartar (Cream of)	_	;	1		1	1
T.Ć.P	<u> </u>	i	i	_	_	_
Tea		_		1		1
Tongues (Lunch)	_	i	i	_	_	_
Tuna (White Meat Fillets of) Turkey Chasseur	_	1		_	_	_
Urodonal Health Salts	_	i	i		_	_
Veal and Ham in Mushroom Sauce Vinegar (Malt)		1 2	1 4	_	_	_
Yoghurt (Strawberry)	Í		i	_	_	=
Whooping Cough Mixture	_	1		-	1	1
Zinc and Sancyche Acid Paste		1		_		
Totals	42	359	401	2	12	14

DETAILS OF ACTION TAKEN AND RESULTS OF ANALYSIS IN RESPECT OF SAMPLES REPORTED BY THE PUBLIC ANALYST AS BEING UNSATISFACTORY

Sample No.

39 Ammonium Chloride Tablets (Informal)

The sample did not conform to the disintigration test prescribed by the B.P. for enteric coated tablets. Reported to the Related Health Services Committee. The matter was referred to the Pharmceutical Society.

76 Strawberry Jam (Informal)

Sample of jam incorrectly described as Strawberry Jam. The jam did not consist of Strawberry Jam but was made from stoned fruit resembling plums. Reported to the Related Health Services Committee. This matter was due to an error in labelling—should have been Peach Jam. No further action.

89 Chopped Pork (Informal)

This sample contained only 79% of meat and was a mixture of meat with cereal and added water. The description "real chopped pork" implies that the article consists of meat only and as such should contain not less than 95% of meat. Reported to the Related Health Services Committee. Although the standard for this product is only an agreed one between Public Analysts, the Chief Public Health Inspector wrote to the Manufacturers who removed this brand of Chopped Pork from sale. No further action.

103 Milk (Informal)

This is a sample of Milk deficient in fat to the extent of 16.6 per cent. This is based on the fact that the Sale of Milk Regulations, 1939 establish a minimum of 3.0 per cent of fat for genuine milk, whereas the sample contained only 2.5 per cent of fat. The sample is therefore deficient in fat to the extent shown above. Reported to Related Health Services Committee. Investigations at the Dairy and the Producing Farm indicated that the deficiency was not likely to have been caused by the presence of extraneous water. No further action.

115 Milk (Formal)

This is a sample of Milk deficient in fat to the extent of 6.6 per cent. Reported to Related Health Services Committee. Action as for sample No. 103.

162 Whooping Cough Mixture (Informal)

This is a sample of proprietary medicine containing potassium bromide to the extent of 115 per cent of the amount declared. Reported to the Related Health Services Committee. The Pharmaceutical Society notified.

179 Cream of Tartar (Informal)

Sample of Cream of Tartar discoloured and contaminated around the top of the container and containing on the surface layer Iron, as Fe-470 parts per million. The bulk of the material in the centre of the package complied with the B.P.C. Reported to the Related Health Services Committee. This was apparently old stock and had been withdrawn from sale before the results of the analysis were known.

202 Ice Cream Powder (Informal)

Sample of Ice Cream powder not labelled in accordance with the requirements of Regulation 4 of the Labelling of Food (Amendment) Regulations, 1959, in that the sample contained non-milk fat, but does not contain a declaration to this effect in close proximity to the description "Ice Cream". Reported to the Related Health Services Committee. The Chief Public Health Inspector to draw the attention of the manufacturers to the matter.

204 Stewed Steak (Informal)

Sample of canned cooked meat containing 22 per cent of gristle and similar inedible material. Reported to the Related Health Services Committee. Manufacturers informed of this.

247 Chopped Chicken in Jelly (Informal)

On the basis of the Food Standards of the Ministry of Agriculture, Fisheries and Food recommendations in a report on Canned Meat products that canned meat with jelly should contain not less than 80 per cent of meat, the sample is deficient in meat to the extent of 21.2 per cent. Reported to the Related Health Services Committee. No further action in view of the fact that the standard was only a recommendation in this case.

278 Tea (Formal)

A sample of Tea contaminated with mould. Reported to the Related Health Services Committee. The tea was voluntarily surrendered and the Company concerned made good the loss to the purchaser.

289 Real Chopped Pork (Informal)

A sample of Pork with added water containing 76 per cent of meat. An article described as "Real Chopped Pork" should contain at least 95 per cent of meat. Reported to the Related Health Services Committee. The attention of the supplier drawn to this. This standard is only a recommendation.

337 Gingerbread Mix (Informal)

Sample of cake mixture not conforming to the requirements of the Labelling of Food Order. The term "freshness preserver" which appears on the label of the mixture does not meet with the requirements of the Labelling of Food Order in that it is not the common or usual name. Reported to the Related Health Services Committee. Letter sent to the suppliers.

394 Milk (Informal)

Sample of sub-standard but genuine milk deficient in solids-not-fat to the extent of 2.3 per cent. The opinion is based on the fact that the Sale of Milk Regulations, 1939 establish a minimum of 8.5 per cent of solids-not-fat for genuine milk whereas this sample only contained 8.3 per cent of solids-not-fat. The freezing point of the sample indicated that the deficiency was not caused by the presence of extraneous water. Reported to Related Health Services Committee. Purveyor notified.

FERTILISERS AND FEEDING STUFFS ACT, 1926

During the year 16 samples were taken and the results received from the Public Analyst are set out below:—

	Inform	nal	For	mal
Nature of Sample	Genuine	Not Genuine	Genuine	Not Genuine
Battery and Deep Litter Pellets Chick Rearing Mash Chick Starter Crumbs Clays All Purpose Fertilizer Fisons Flourish Hen Battery Deep Litter Mash High Ratio Nitrogen Fertiliser John Innes Base Liquid Manure Concentrate Plant Builder Plantoids Rearing Niblets Sow and Weaner Meal Sulphate of Potash Turkey and Poultry Fattening Pellets Turkey Rearing Mash		- 1 - - - - - - - -		
Totals	15	1		_

Action taken in respect of the sample which did not comply with the requirements of the Act is detailed below:—

15 Chick Starter Crumbs

The sample contains 0.9 per cent more oil than the amount declared. The excess of oil which is to the prejudice of the purchaser is 0.15 per cent outside the limits of variation permitted by the Fertilisers and Feeding Stuffs Regulations, 1960. Reported to the Related Health Services Committee. Letter sent to the Manufacturers.

PHARMACY AND MEDICINES ACT, 1941

No samples taken under this Act during the year 1965. All samples now taken under the Food and Drugs Act, 1955.

PROSECUTIONS—1965

Month	Section	Contravention
September	Clean Air Act, 1956,	Emission of Dark Smoke.
	Section 1.	Fined £10.0.0.

COUNTY BOROUGH OF BLACKPOOL



THE HEALTH OF THE SCHOOL CHILD

REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1965



To the Chairman and Members of the Education Committee of the Corporation of Blackpool.

Mr. Chairman, Ladies and Gentlemen.

I have the honour to present to you the Annual Report of the School Health Service for the year 1965.

Once again the general health of Blackpool schoolchildren has been very good, only 0.53 per cent of children examined being found to be in an unsatisfactory physical condition. The School Medical Officers have as usual visited the schools regularly to carry out medical inspections on all infants and school leavers, and to do selective inspections on all ten-eleven year olds who are causing any degree of concern to parents and teachers. The ten-eleven age group is a particularly suitable one on which to do selective inspections, provided all children have previously been examined assiduously at the age of five and any defects weeded out. The medical examinations of pupils leaving the senior schools gives School Medical Officers an opportunity to get together with head teachers to consider any problems relating to the future careers of the pupils, and a good liaison with the Youth Employment Service is vital in this respect.

The new Central School Clinic in Whitegate Drive has fulfilled its promise as the focal point of school health activities and there is no doubt that the facilities available in this building have been a great asset to the service, especially with regard to such activities as speech therapy, child guidance, ophthalmic examinations and teaching of the deaf. It is invaluable to the medical administrator of the school health service to have all these departments situated in one building, and the increased ease of co-ordination between the various departments is most gratifying; however, any expansion of services requires an increase of staff, and it is of the greatest importance that staff of the right calibre be appointed and retained—this is no easy matter in the light of nation-wide shortages of professional staff of all types.

The programme of booster immunisation of schoolchildren against poliomyelitis, diphtheria and tetanus in 1965 continued as before and a satisfactory response was obtained; however in 1965 only 65 per cent of pupils took advantage of the offer of B.C.G. vaccination against tuberculosis and there is no doubt that this figure should be bettered: B.C.G. is a most valuable prophylactic measure against a serious disease and one feels that many parents are unaware of the benefits to be obtained from it. It is hoped that a more intensive campaign in 1966 will produce better results.

Another very important part of school health service work is the assessment of handicapped children and provision for their education; in Park School and High-furlong School Blackpool have two excellent modern special schools and during 1965 we have had many expressions of satisfaction from parents whose handicapped children have settled happily in these schools. The demand for places in the junior sections of these schools in 1965 was slightly greater than the number of places available and the school health service is very conscious of the need to admit handicapped children to the special schools with as little delay as possible if their education is not to suffer.

There were 50 Blackpool children in residential schools of various types in 1965 and just half of these are suffering from emotional maladjustment. The Blackpool Authority are fortunate in having their own residential school for maladjusted children (Wennington Hall) as many areas of England and Wales have no provision at all for this category of pupil.

So far as handicapped children are concerned, our greatest needs at the moment: are a day class for maladjusted pupils and an assessment class for children of primary school age whose long-term care requires careful and studied consideration; it is hoped that plans to meet these needs will be further developed in 1966.

In all the medical work which has been done during the year, we have as usual had unstinted and efficient support from the health visiting and school nursing service; the importance of the work done by Health Visitors with the children and their families cannot be overstressed, particularly in matters of general health education and social work which are so significant to the well-being of the child at school. One project which proved successful in this sphere in 1965 was a series of talks on sex education given at Palatine Secondary Modern School by a Health Visitor, Mrs. Harrap, at the request of the Headmaster. Parents were informed beforehand and none denied their children access to the talks. The talks were given to girls aged fourteen to sixteen, and such was the approval afterwards expressed that it is hoped to repeat, and possibly enlarge on, this venture in 1966.

We in the school health service very much appreciate the help and co-operation we have received from the Education and Children's Departments, and I would also like to express my thanks to the Chairman and Members of the Education Committee for their encouragement and help; also the School Medical Officers, who have as always continued to run the service smoothly despite frequent staff changes.

Municipal Health Centre, Whitegate Drive, Blackpool. Tel. No. Blackpool 63232. D. W. WAUCHOB, Principal School Medical Officer.

STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer:
David W. Wauchob, M.B., B.Ch., D.P.H.

Deputy Principal School Medical Officer:

H. James, L.S.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (Left 31.3.65) J. C. Talbot, M.R.C.S., L.R.C.P., D.P.H. (Commenced 14.6.65)

Assistant Deputy Medical Officer:

O. A. Prosser, B.Sc., M.B., B.Ch., D.C.H., T.T.D.

School Medical Officers:

Marie J. Ribchester, L.R.C.P. & S. (Edin.), L.R.F.P. & S. (Glasgow)
Ivor J. Cope, L.R.C.P., L.R.C.S. (London) left 30.10.65
Philip W. Lang, L.R.C.P., L.R.C.S. (Edin.), L.R.F.P. & S. (Glasgow), D.P.H.
Anne E. C. Jewsbury, M.B., Ch.B., D.Obst., R.C.O.G.
J. G. Leece, M.B., B.S., M.R.C.S., L.R.C.P.

Consultant Ophthalmic Surgeon (Part-time):

Thomas S. Blacklidge, M.D., D.O.M.S.

Consultant Ear, Nose and Throat Surgeon (Part-time): Ian B. Thorburn, M.B., Ch.B., F.R.F.P.S., F.R.C.S., D.L.O.

Consultant Child Psychiatrist (Part-time):

T. W. Rogers, M.B., Ch.B., D.P.M.

Senior Educational Psychologist:

Mary Patricia Joyce, B.Sc.(Spec.), A.B.Ps.S., E.D.P.P. (left August 1965)

Educational Psychologist:

John Linsie, B.A.(Psych.)

Psychiatric Social Worker:

Thomas Douglas, B.Sc.(Econ.)

Social Workers:

Margaret Parkinson, Dip.Soc.Sc. & Admin. (Part-time) Mabel Aitken, S.R.N., Dec. of Rec. C.T.S.W.

Principal School Dental Officer:

Marshall Smith, L.D.S., R.C.S.(Eng.)

Consultant Dental Surgeon (Part-time):

H. Ackers, M.B., F.D.S., R.C.S.E., F.R.C.S.

Dental Officers:

R. Martyn, L.D.S.

H. Marshall, L.D.S.

Mrs. J. Hopkinson, L.D.S. (Part-time).

J. R. Hall, L.D.S., R.C.S. (Part-time, commenced 4.1.65)

HEALTH VISITORS AND SCHOOL NURSES:

Superintendent Health Visitor/School Nurse:

Miss C. R. Ryan, S.R.N., S.C.M., H.V., Nursing Admin. (P.H.) Cert.

Health Visitor/School Nurses:

Mrs. A. Brining, S.R.N., S.C.M., H.V., Q.N.

Mrs. J. N. Brooks, S.R.N., H.V.

Mrs. E. M. Butler, S.R.N., S.C.M., H.V.

Miss C. Hardman, S.R.N., S.C.M., H.V.

Miss D. Harrison, S.R.N., S.C.M., H.V.

Mrs. M. Harrap, S.R.N., M.S.S.Ch., H.V.

Miss A. R. Hickson, S.R.N., S.C.M.

Miss A. G. M. Holden, S.R.N., S.C.M., H.V. (comm. 26.4.65)

Mrs. B. Marsden, S.R.N., S.C.M., H.V., S.I.

Miss S. Morris, S.R.N., S.C.M., H.V.

Mrs. O. M. Newlove, S.R.N., S.C.M., H.V. (comm. 21.9.65)

Miss M. Partington, S.R.N., S.C.M., S.R.F.N.

Mrs. H. P. Price, S.R.N., H.V.

Miss S. Roe, S.R.N., H.V.

Miss M. Ryder, S.R.N., S.C.M., S.R.F.N., H.V.

Miss D. Salisbury, S.R.N., S.C.M., H.V., Nursing Admin.

(P.H.) Cert.

Miss M. Saunders, S.R.N., H.V., Nursing Admin. (P.H.) Cert.

Mrs. M. Thompson, S.R.N., S.C.M., H.V.

Miss N. Toomey, S.R.N., S.C.M., H.V. (comm. 12.7.65)

Mrs. M. C. Johnston, S.R.N., S.C.M., H.V. (Part-time)

Clinic Nurses:

Miss V. Arthurs, S.R.N. (commenced 5.7.65)

Mrs. F. Clews, S.R.N. (commenced 1.9.65)

Mrs. M. Dania, S.R.N.

Mrs. N. Davies, S.R.N., S.C.M.

Speech Therapists:

Miss M. Dodson, L.C.S.T.

Miss J. M. Blackwell, L.C.S.T., left 30.4.65

Mrs. A. Blair, L.C.S.T. (commenced 26.4.65)

Physiotherapists:

Miss S. Tomlinson, M.C.S.P. (commenced 15.2.65)

Mrs. M. M. Noblett, M.C.S.P. (Part-time) left 12.6.65

Mrs. W. Shore, M.C.S.P. (Part-time)

Mrs. L. Taylor, M.C.S.P. (Part-time, commenced 1.6.65)

Specialist Teacher of Lip-Reading (Part-time):

Miss M. Sandiford, B.A., Univ. Cert. for Teachers of the Deaf, Manchester University.

Clerical Staff:

Mrs. B. McKenna (Senior Clerk)

Miss I. Sealey

Area of Borough (including foreshore)—acres

Mrs. M. Roberts (née Barnes)

Mrs. M. Webb (née Dearden)

Miss P. Fairhurst

Dental Attendants:

Miss C. Banks

Miss K. Bruce

Mrs. S. V. Snow-Miller

Mrs. W. Wood (Part-time) Mrs. E. White (Part-time)

Hygiene Assistant:

Mrs. J. Williamson

COUNTY BOROUGH OF BLACKPOOL

10,588

Population (Registrar-G	eneral	's lates	t officia	ıl estim	ate)	••	• •••	150,440
					N	o. of	No.	of Pupils
					So	chools	1965	1964
Secondary Grammar	•••		•••	•••	• • •	3	1,936	1,982
Secondary Modern	• • •	•••	•••	• • •		9	4,936	5,000
Primary		•••	• • •	• • •	• • •	32	10,722	10,475
Special Day E.S.N	• • •	•••	•••	•••	• • •	1	157	147
Open Air	•••	•••	•••	• • •	• • •	1	99	86
Residential School for M	aladju	sted	•••		•••	1	45	45
Direct Grant Grammar	•••	•••		• • •	• • •	3	1,870	1,899
Independent Grammar		•••	•••	•••	• • •	1	370	370
Private and Preparatory	•••	•••	•••	•••	•••	7	405	425
			7	Γotal	•••		20,540	20,429

PREMISES

CENTRAL SCHOOL CLINIC, WHITEGATE DRIVE (Medical and Dental)

Open daily, Monday to Friday	• • •	• • •	9.30 a.m. to 12 noon
			2.00 p.m. to 4.30 p.m.
Saturday (Ophthalmic Clinic only)	• • •	•••	9.15 a.m. to 12 noon
(appointments only)			

Branch Clinics

BISPHAM SCHOOL CLINIC (Medical)

Open Monday (Doctor in attendance)	•••	•••	9.30 a.m. to 12 noon
Thursday (Nurse in attendance)	•••	•••	2.00 p.m. to 4.30 p.m.

ROSEACRE SCHOOL CLINIC (at Roseacre	e Scho	ol)	
(Medical) Open Monday (Doctor in attendance) Thursday (Nurse in attendance)		1	9.30 a.m. to 12 noon 2.00 p.m. to 4.30 p.m.
DENTAL CLINIC, ASHBURTON ROAD			
Open Monday to Thursday	•••	•••	9.30 a.m. to 12 noon
			2.00 p.m. to 4.30 p.m.
DENTAL CLINIC, LYTHAM ROAD			
Open Monday to Friday	•••	•••	9.30 a.m. to 12 noon
			2.00 p.m. to 4.30 p.m.
The following Specialist Clinics are held	at the	Central	School Clinic :—

						No.	of Session
CHILD GUIDANCE CLINIC	C	• • •			•••	10 per	week
SPEECH CLINIC	•••	•••	•••			10 ,,	,,
AUDIOLOGY AND LIP RE	ADING	CLIN	IC	•••	• • •	6 ,,	,,
OPHTHALMIC CLINIC	•••	•••		• • •	•••	2 ,,	,,
ORTHODONTIC CLINIC	•••	•••		•••	•••	2 ,,	,,
EAR, NOSE AND THROAT	SPECIA	ALIST	'S CLI	NIC		1 per	month

STAFF

Dr. James, Deputy Medical Officer of Health, left on 31.3.65 to take up a post: as Deputy Medical Officer in one of the new London Boroughs. Dr. J. C. Talbot: commenced as Deputy Medical Officer of Health on 14.6.65. After Dr. James left, Dr. Prosser, Assistant Deputy Medical Officer, took over the duties of the School Health Service.

Dr. I. J. Cope, Assistant Medical Officer, left on 30.10.65 to take another post, . and Dr. J. G. Leece commenced as Assistant Medical Officer on 1.11.65. Dr. P. W. Lang, Assistant Medical Officer, took a Course to qualify for the Diploma of Public: Health at Liverpool during the year.

Mr. Douglas, the senior Mental Welfare Officer, who had been acting as parttime Psychiatric Social Worker since the previous holder of the post left at the end! of last year, has, during this year, worked in the Child Guidance Clinic as full-time: Psychiatric Social Worker.

Miss Joyce, the Senior Educational Psychologist, left the Authority in August 1965 to take a post in the Cheshire County.

There have been changes in the staff of the Physiotherapy Department. Miss S. Tomlinson commenced as a full-time Physiotherapist on 15.2.65. Mrs. M. M. Noblett, part-time member of the staff, left on 12.6.65, and Mrs. L. Taylor commenced? part-time on 1.6.65.

In the Speech Clinic, Miss J. Blackwell, full-time Speech Therapist, left in April 1965. She was replaced by two part-time Therapists, Mrs. A. Blair, and Mrs. Clayton; Mrs. Clayton left the Service later in the year.

SCHOOL HYGIENE

Redecoration of Buildings.

During the year, redecorations have been carried out in schools and school premises, as follows:—

Claremont Secondary

Boys and Girls Exterior, including dining room and scullery.

Devonshire Junior ... Interior, school meals and kitchen unit.

Grammar School Interior, Sports Pavilion.

Highfield Secondary Interior.

Layton Primary Interior.

Layton Central School Kitchen ... Interior.

Technical College:-

Top Floor Interior
Bennett Ave. Annexe ... Interior
Raikes Parade Annexe ... Interior
Old Courtfield Interior (part)
New Courtfield Interior (part)

New Courtfield Interior (part)
Lytham Road Annexe ... Exterior : Interior

Norbreck Primary Interior, school meals unit

Our Lady Primary ... Interior, kitchen

Revoe Infants Interior

Roseacre Infants ... Interior (part)

St. Cuthbert's Infants ... Interior

St. George's Secondary... ... Exterior (part)

St. Wilfred's Primary Interior Stanley Infants Interior

Thames Road Primary ... Interior (part) and school meals unit.

Tyldesley Secondary ... Interior, prefabricated classrooms.

PERIODIC MEDICAL INSPECTIONS IN SCHOOLS

Year o	f Birth	Num	ber In	spected			
1960 a	nd 1961	(Entra	ınts)	•••	•••	•••	1,178
1959	• • •	•••	•••	•••	• • •	• • •	530
1958	•••	• • •	• • •	• • •	•••	•••	82
1957	• • •	• • •	• • •	• • •	•••	•••	54
1956	•••	•••	•••	•••	•••	•••	41
1955	• • •	•••	•••	•••	•••	•••	130
1954	•••	•••	•••	• • •	•••	•••	226
1953	•••	• • •	• • •	•••	•••	•••	116
1952	•••	•••	•••	•••		•••	25
1951	•••	•••	•••	•••	•••	•••	326
1950 a	nd earli	er	• • •	•••	•••	• • •	1,206
					Total	•••	3,914

Other ex	kaminations were carried ou	t in tl	he Scho	ols as	follows	s :—
	Re-examinations		•••	•••	•••	1,053
	Special Inspections .		•••	• • •	• • •	390
	Nurses' Survey (7+ Grou	p)	•••		• • •	1,581
	Retests for Vision	••	•••	•••	•••	1,440
	Foot Inspections	•••	•••	•••	•••	8
Other so	chool work :					
	Audiometer Tests		•••	•••	•••	1,617
	Total number of children	en in	n <mark>mun</mark> is	ed ag	ainst	,
	Diphtheria and Tetanus	S	•••		•••	3,742
Thomas	nhana ofimmumiaatiana hav		: :			

The numbers of immunisations have again increased markedly.

WORK OF THE HEALTH VISITOR/SCHOOL NURSES

The Health Visitor/School Nurses have continued their many duties in the schools, the clinics, and in the homes, with Clinic Nurses helping in the various clinics.

The total number of visits made by the School Nurses during the year was about the same as in 1963:—

Visits to the schools	•••	•••	•••	•••	515
Visits to the homes	•••	•••	•••	•••	1,159

CLEANLINESS

Total number of cleanlines	s ins	pections	in sch	iools di	uring	
the year	• • •	•••		• • •	•••	31,866
Individual children infested	•••		•••	•••	• • •	176
Cleansing Notices issued	• • •				•••	1
(Sect. 54(2)						

Cleanliness Centres

During the year, 242 individual children attended the three school clinics because of dirty heads, of which 240 were cleared; 19 children became reinfested, and these were all completely cleared by the end of the year. 37 children attended with Scabies, all of whom were cleared. 71 Baths were given.

SCHOOL CLINICS

The Eye Specialist Clinics were continued twice a week, and the Ear, Nose and Throat Specialist again attended once a month mainly for children with hearing difficulties.

The weekly Enuretic Clinic continued, and 204 individual children attended. At the end of the year 50 were waiting for a Bell mattress.

During the year, 47 new cases were referred from the various Clinics to the Physiotherapy Department for Light treatment, and other treatment as follows:—

Light treatment	•••	•••	32
Breathing exercises	•••	•••	12
Special exercises		• • •	3

Some of these cases had come to the Clinic from General Practitioners; others had been referred by the Chest Physician.

To assess children with suspected physical or mental handicaps, 122 examinations were carried out by the School Medical Officers under Sections 34 and 57 of the Education Act, 1944. This is done at any age after the child's second birthday to make sure that no child was missed who may need special education.

		1965	1964
Attendances at Medical Clinics	• • •	 8,762	10,010
Number of ailments treated	•••	 4,142	4,756

DETAILS OF CASES REQUIRING EXAMINATION, TREATMENT OR ADVICE AT THE MEDICAL CLINICS.

S	SKIN	
	Diseases of the skin	582
H	EYES	
	Visual defects (including Squints)	934
	External eye defects	92
	Glasses for repair or replacement	252
]	EARS	
	Deafness, earache, etc	150
1	NOSE AND THROAT	
ľ	Catarrh, sore throat, tonsillitis etc	44
(ORTHOPAEDIC	
'	Crippling defects, poor posture, flat feet	98
1	NERVOUS DISORDERS	4
I	DEVELOPMENT	2
I	PSYCHOLOGICAL CASES	
	Stability (including Enuresis)	110
1	MEDICAL CASES	
i	Including—Speech defects, Lymphatic Glands, Heart and Circulation,	
	Chest and Lung defects, and miscellaneous cases	206
c	SURGICAL CASES	
	Including Injuries, Sprains, Wounds, Burns, Abscesses, etc	432
(OTHER EXAMINATIONS (see below)	1,236

SPECIAL EXAMINATIONS CARRIED OUT BY THE SCHOOL MEDICAL OFFICERS

439 children were examined to allow them to work out of school hours, mainly for delivery of newspapers.

27 children were examined to permit them to take part in public entertainments, principally for the Tower Ballet.

There were 67 periodic examinations of boarded-out children during the year, by arrangement with the Children's Officer, and boarded-out children have also been examined and treated at the Clinics for minor ailments.

127 examinations were carried out on children home on holiday from residential special schools, to ensure that they were free from any infection before returning to school.

158 candidates for Teachers' training Colleges and one newly-appointed teacher were examined, arrangements being made where necessary for chest examinations in the Chest Clinic at the Municipal Health Centre.

32 children were examined by the School Medical Officers in connection with the National Child Development Study (a national survey of children born during the first week in March 1958).

145 children were examined in the Clinics and Schools re fitness to take part in physical education, swimming, boxing, walking tours, etc.

SPECIALIST TREATMENT

The following cases were referred for specialist opinion to the Blackpool Victoria Hospital during the year, from the School Medical Clinics:—

Ear, Nose and Thro	at cas	ses	•••		•••	•••	•••	•••	28
Tonsil and Adenoid	l oper	ation	•••	•••	•••	•••			38
Orthoptic treatmen	t	•••		•••	•••	•••	•••	•••	32
Casualties and emer	genci	es		•••		•••	• • •	•••	49
Surgical cases	•••	•••	•••			•••	•••	•••	4
Orthopaedic cases			•••	•••	•••	•••	•••	•••	4
Breathing exercises				•••		•••	•••	•••	2
X-ray	•••	•••	•••	•••	•••		•••	•••	1

Preston Audiology Clinic

Only four children of school age required further investigation at this Clinic.

Spastics Society, London

Two children were referred to this Assessment Centre of the Spastics Society.

ORTHOPAEDIC AND POSTURAL DEFECTS

Children treated as In-Patients at Victoria Hospital									
Children treated in the Orthopaedic	Out-Patient	Department	at						
Victoria Hospital		•		35					
Orthopaedic cases seen in the School Clin	nic	•••	•••	98					

HEART DEFECTS

There were no children at the routine medical inspections in schools found to require treatment for defects of heart and circulation; 22 children were put on the list for observation.

SPASTIC PARALYSIS

In Highfurlong School	• • •	•••	• • •	• • •	•••	•••	• • •	12
At present in Hospital	• • •			•••	•••		•••	2

CONVALESCENT TREATMENT

During the year, delicate and debilitated children received treatment in Convalescent Homes, as follows:—

West Kirby Convalescent Home	• • •	•••	•••			•••	7
------------------------------	-------	-----	-----	--	--	-----	---

OPHTHALMIC CASES

(Seen by Eye Specialist at Central School Clinic)

	Number of children examined (including 18 infants referred from	the	
	Infant Welfare Clinics for examination)	•••	934
	Number for whom spectacles were prescribed	• • •	413
	Number, already wearing spectacles, for whom no change of lens	was	262
	prescribed	•••	363
	Number for whom spectacles were not advised	•••	140
	Number referred for Orthoptic treatment at Victoria Hospital	•••	32
spe	The following is an analysis of the defects found among children catales were prescribed:—	en for	whom
	Simple Hypermetropia	• • •	58
	Hypermetropic Astigmatism	•••	23
	Simple Myopia	•••	272
	Myopic Astigmatism	•••	21
	Other cases	•••	39
	NOSE AND THROAT DEFECTS		
	At the routine medical inspections, 74 children were found to requ		
for	r nose and throat defects, and 203 children required observation for r		
TT.	During the year, 659 children received operative treatment at the series of the series	he Blac	ckpool
the	ospitals, for tonsils and adenoids. 38 were referred from the School remainder direct from the private doctors. 120 children were ad-	nitted	to the
	ospital for other nose and throat defects.		
	ospital for other mose and throat defects.		
	ospitar for other mose and throat defects.		
	EAR DEFECTS		
	EAR DEFECTS During the year, 55 children were found at routine medical inspection	ons in s	chools
	EAR DEFECTS During the year, 55 children were found at routine medical inspection be suffering from defects of the ear requiring treatment, as follows:	ons in s —	chools
	EAR DEFECTS During the year, 55 children were found at routine medical inspection be suffering from defects of the ear requiring treatment, as follows: Defective Hearing 24	ons in s —	chools
	EAR DEFECTS During the year, 55 children were found at routine medical inspection be suffering from defects of the ear requiring treatment, as follows: Defective Hearing 24 Other cases 31	_	
ŧo	EAR DEFECTS During the year, 55 children were found at routine medical inspection be suffering from defects of the ear requiring treatment, as follows: Defective Hearing 24 Other cases 31 The Ear, Nose and Throat Specialist from Victoria Hospital contri	_	
ŧo	EAR DEFECTS During the year, 55 children were found at routine medical inspection be suffering from defects of the ear requiring treatment, as follows: Defective Hearing	_	
ŧo	EAR DEFECTS During the year, 55 children were found at routine medical inspection be suffering from defects of the ear requiring treatment, as follows: Defective Hearing 31 The Ear, Nose and Throat Specialist from Victoria Hospital control of Clinic once a month. Details of cases seen are as follows: Number of Clinics 10	_	
the	During the year, 55 children were found at routine medical inspection be suffering from defects of the ear requiring treatment, as follows: Defective Hearing 24 Other cases 31 The Ear, Nose and Throat Specialist from Victoria Hospital control once a month. Details of cases seen are as follows: Number of Clinics 10 Number of children examined 59	_	
the	During the year, 55 children were found at routine medical inspection be suffering from defects of the ear requiring treatment, as follows: Defective Hearing 24 Other cases 31 The Ear, Nose and Throat Specialist from Victoria Hospital control Clinic once a month. Details of cases seen are as follows: Number of Clinics 10 Number of children examined 59	_	o visit
the	During the year, 55 children were found at routine medical inspection be suffering from defects of the ear requiring treatment, as follows: Defective Hearing 24 Other cases 31 The Ear, Nose and Throat Specialist from Victoria Hospital control once a month. Details of cases seen are as follows: Number of Clinics 10 Number of children examined 59 *commendations: Examination under anaesthetic at Victoria Hospital	_	o visit
the	During the year, 55 children were found at routine medical inspection be suffering from defects of the ear requiring treatment, as follows: Defective Hearing 24 Other cases 31 The Ear, Nose and Throat Specialist from Victoria Hospital control of Clinic once a month. Details of cases seen are as follows: Number of Clinics 10 Number of children examined 59 **Commendations: Examination under anaesthetic at Victoria Hospital For Tonsil and Adenoid operation	_	o visit 24 12
the	During the year, 55 children were found at routine medical inspection be suffering from defects of the ear requiring treatment, as follows: Defective Hearing 24 Other cases 31 The Ear, Nose and Throat Specialist from Victoria Hospital control once a month. Details of cases seen are as follows: Number of Clinics 10 Number of children examined 59 **commendations: Examination under anaesthetic at Victoria Hospital For Tonsil and Adenoid operation	_	o visit 24 12 3
the	During the year, 55 children were found at routine medical inspectic be suffering from defects of the ear requiring treatment, as follows: Defective Hearing 24 Other cases 31 The Ear, Nose and Throat Specialist from Victoria Hospital contection once a month. Details of cases seen are as follows: Number of Clinics 10 Number of children examined 59 **Commendations: Examination under anaesthetic at Victoria Hospital For Tonsil and Adenoid operation For other treatment at Hospital Review and retest	 	24 12 3 7
the	EAR DEFECTS During the year, 55 children were found at routine medical inspection be suffering from defects of the ear requiring treatment, as follows: Defective Hearing	 	o visit 24 12 3
the	EAR DEFECTS During the year, 55 children were found at routine medical inspection be suffering from defects of the ear requiring treatment, as follows: Defective Hearing	 	24 12 3 7
the	EAR DEFECTS During the year, 55 children were found at routine medical inspection be suffering from defects of the ear requiring treatment, as follows: Defective Hearing		24 12 3 7 3 1
the	During the year, 55 children were found at routine medical inspection be suffering from defects of the ear requiring treatment, as follows: Defective Hearing	 	24 12 3 7
the	EAR DEFECTS During the year, 55 children were found at routine medical inspection be suffering from defects of the ear requiring treatment, as follows: Defective Hearing		24 12 3 7 3 1

Audiometer Tests

Sweep tests for the 6+ age group were continued in the Schools to ascertain hearing defects as early as possible. Children who show any hearing loss in the sweep tests are seen and re-tested at the Central School Clinic by Miss Sandiford, the Specialist Teacher of the Deaf. They are then discussed with a School Medical Officer, and if necessary, referred to the Ear Nose and Throat Specialist, or to the Preston Audiology Clinic.

	Number te	ested in the Schools	• • •	• • •	• • •	• • •	•••		1,617
	Number te	ested in the Clinic	•••	•••	•••	•••	•••	•••	573
									2,190
Det	ails								
(a)	Schools:	Number of sessions	•••	•••	•••			•••	70
		Number tested	•••		•••	•••	•••		1,617
		Number found to have	e a hea	aring los	ss	•••	•••	•••	200
(b)	Clinic:	Total number of child	lren tes	sted, inc	luding	review	s	•••	573
		Number found to h		efective	hearin	g at fi	rst test	and	
		subsequently review	wed	•••	•••	•••	•••	•••	40
Tre	atment reco	mmended:							
	Special t	cuition (lip reading less	ons)	•••	•••	• • •		•••	5
	Admissi	on to School for Partia	lly He	aring	•••	•••	•••	•••	2
	Referred	d to E.N.T. Specialist C	Clinic		•••		•••	•••	58

All children who show slight defective hearing but not requiring any special treatment are kept under observation in the schools, and teachers are asked to note their progress; they are also reviewed periodically at the Clinic.

Partially Hearing Children receiving special tuition

Fourteen children (six girls and eight boys) received special tuition from Miss Sandiford in lip reading and speech. Their ages ranged from three to fifteen. Besides this very specialised work Miss Sandiford retested the children found at the sweep tests to require further investigation.

SPEECH CLINIC

In April 1965 we were sorry to lose the services of one of the two full-time Speech Therapists who had been with us eighteen months. Fortunately her post was filled almost immediately by two part-time Therapists; one who could work in the mornings, the other in the afternoons. The work of the North Shore area was divided between them. In addition to the Clinic work, one Therapist undertook the necessary treatments at the Open Air School and made visits to the homes of three cerebral palsied children each week. The other Therapist took on the work at Park School.

The routine of the Speech Clinic continued as in 1964 with the usual referrals made when necessary to other departments, as can be seen from the figures.

A small amount of work limited to one session per week with adults was done for Victoria Hospital at the Central School Clinic. The most outstanding case was that of a man whose larynx had been removed and who subsequently learned to produce a new voice (Pharyngeal Speech) with quite spectacular success.

Unfortunately one of the new Therapists had to leave in November so 1966 was ahead of us with a vacancy to be filled and work again to be rearranged in the meantime.

	Total attendances at Speech Clini	ic duri	ng the	year	• • •	•••	• • •	3,197
	Number of children receiving reg	ular tr	eatmen	t at end	d of year	r	•••	93
A	analysis of cases receiving treatment							
	Stammer	• • •	•••	• • •	•••	• • •	• • •	14
	Stammer and incorrect sounds	•••	•••	•••	•••	• • •	•••	6
	Incorrect sounds	•••	• • •	•••	•••	• • •	•••	49
	Other defects of speech	•••		•••	•••	• • •	•••	21
	Cases of cerebral palsy	•••	•••	• • •	•••	• • •	•••	3
					To	otal	•••	93
	Cases discharged during the year	•••	•••	•••	•••	•••	• • •	113
	New cases taken on	•••	•••	•••	•••	•••	•••	104
	School treatments during year—I		′	312				
		Highfu	ırlong,	245	•••	•••	•••	557
	Home visits	•••	•••	•••	•••	• • •	•••	47
	Cases reviewed	•••	•••	•••	•••	•••	• • •	49
	Cases seen in Doctor's Clinic	•••	•••	•••	•••	•••	•••	95
	Referred to other departments	•••	•••	•••	•••	• • •	•••	13
	Waiting list at end of year	•••	•••	•••	•••	•••	• • •	46
	CHILD G	I IIID A	NCF (CI INI				
	CHIED G	OLDA	ITTEL T		C			
P	sychiatrist							
	Clinic sessions by Dr. Rogers	• • •	•••	•••	• • •	• • •	•••	122
	New cases seen by Dr. Rogers	•••	•••	•••	•••	• • •	• • •	82
	Cases for supervision or therapy	•••	•••	•••	•••	• • •	•••	311
P	sychologists							
	Psychologists' interviews and test	s in Cl	inic	•••	• • •	•••	• • •	212
	School, Clinic, and office visits	•••	•••	•••	• • •	•••	• • •	322
	Attendances for remedial and the	rapeut	ic work	·	• • •	• • •	• • •	55
	Attendances for remedial and the	rapeut	tic grou	ps	•••	•••	•••	152
	Home visits	• • •	•••	•••	•••	•••	•••	22
	Remedial teachers—discussion gr	_	•••	•••	•••	•••	•••	7
	A seven-plus survey was carried or	ut on a	all sever	n-year-	old chile	dren.		
P	sychiatric Social Worker and Social V	Vorke	rs ·					
1		Y OI KC						60
	Home visits (new cases)	•••	•••	•••	• • •	•••	•••	62
	Clinic interviews (new cases)	•••	•••	•••	•••	• • •	•••	38 855
	Home visits (old cases)							1 1 X
	Clinic interviews (old cases)	• • •	•••	•••	•••	•••	•••	451

This year has seen an increase in the work of the clinic and some changes of staff. Miss M. P. Joyce, Senior Educational Psychologist, left in August to take up a post in Cheshire. Mr. Linsie has thus been singlehanded for the latter part of the year, except for one session a week given by Mrs. Hughes.

In November Mr. T. Douglas became full-time Psychiatric Social Worker of the clinic while still maintaining some connection with the Mental Health Section until a Senior Mental Welfare Officer could be appointed.

Halfway through the year the number of new cases per week seen by Dr. Rogers was reduced from three to two as the backlog of cases had by this time been virtually disposed of. During the year four students were placed with the clinic, thus helping to maintain the link with Colleges and the training programme.

Once again difficulty has been experienced in finding places in residential schools for maladjusted children and enhanced the obvious need for a day class for such children. Plans to provide such a class were taken a stage further during the year, and it is hoped that it will become a reality soon. Contact with Wennington Hall has been kept up by visits of the clinic staff and the boys leaving school have been supervised until they have become settled in the community. Most of the boys are also seen by Dr. Rogers during the Easter and Summer vacations.

The system of referral of children to the clinic was changed during the year. In order to bring in all the information available through the School Clinic, referrals were directed to the Principal School Medical Officer and the collated information passed to the Child Guidance Clinic. This has increased the efficiency with which new referrals can be dealt with.

We are extremely grateful for the co-operation that has been given us by our colleagues in all areas of the Social Services with which we have made contact. Such help not only facilitates our work but is of inestimable advantage to our clients.

HIGHFURLONG SCHOOL

						Boys	Girls
Delicate		•••	•••	• •,•	•••	3	3 '
Asthma	•••	• • •	•••	•••	•••	17	9
Other Chest cond	itions	•••	•••	•••	•••	6	5_
Cardiac	•••	•••	•••		•••	1	4
Spastic		•••	•••	•••	•••	7	5
Muscular Dystro	phy	•••	•••	•••	•••	2	
Spina Bifida	•••	•••	•••	•••	•••	1	2
Other Orthopaed	ic defe	cts	•••	•••	•••	5 ·	5
Partially Sighted	•••	•••	•••	•••	•••	2	1
Epileptic				•••	•••	3	1
Other defects	•••	•••	•••	•••	•••	10	7
						57	42.
							Total 99

Both Highfurlong and Park School are visited each week by the School Medical Officer administering the schools. This visit provides an opportunity to have discussions between the Head Teacher and the School Medical Officer. Five or six pupils are examined each week and in this way each child is reviewed at least once a year and any difficulty dealt with as soon as it arises.

HOME TUITION

At the end of the year there were six pupils receiving home tuition. There has again been a decrease this year now that we can accommodate more children in Highfurlong School.

Details of children receiving home tuition

Spastic	• • •	•••	• • •		• • •	•••	•••	• • •	1
Post Rhei	ımatic	Fever	•••		•••	• • •	•••	•••	1
Cardiac	•••			• • •	•••	•••	•••	• • •	1
Debility			• • •	•••				•••	3

CHEST CLINIC

Good co-operation has again existed, as in previous years, between the Chest Clinic and the School Health Service. This is a necessity for the efficient follow-up of the results of Heaf testing for B.C.G. vaccinations.

B.C.G. VACCINATION IN SCHOOLS

No. offered B.C.G.	•••		•••	•••	•••	683
No. accepted	•••	•••	•••	•••	•••	447
Percentage accepted		•••	•••	•••		65.4
No. tested	•••		• • •	•••	•••	472
No. negative	•••	• • •	•••	• • •	•••	301
No. vaccinated	• • •	•••	•••	• • •	• • •	296
No. Positive	•••			•••	•••	130
Percentage positive	• • •	•••	• • •	•••	•••	27.5
No. positive X-rayed	• • •	•••	• • •	•••	•••	32
No. abnormal X-rays	•••			•••	•••	1

PHYSIOTHERAPY (AT HEALTH CENTRE)

No. of children referred by Chest Physician	• • •	•••	18
No. of children referred by School Doctors	• • •	•••	312
Breathing Exercises	•••	•••	54
Ultra Violet Light	•••	• • •	342
Foot Exercises		•••	21
Any other Exercises	•••	•••	17
No. of children seen by Doctor at Phy	siothe	rapy	
Department	• • •	•••	117
Total attendances throughout the year			4,586

INFECTIOUS DISEASES

			1965	1964	1963	1962
Scarlet Fever	• • • •	•••	54	40	110	45
Whooping Cough		• • •	8	33	60	7
Measles		• • •	243	167	369	359
Cerebro-Spinal Feve	r	• • •	1		1	4
Sonne Dysentery	•••	• • •	119	3	17	1
Food poisoning	•••	•••	2	1		
Paratyphoid	•••	• • •	22	1	_	

HANDICAPPED PUPILS

		ıı (DIC)		7 1 01		г		C:-1-	Т-4-	1 1
BLIND						E	Boys	Girls	Tota	111
In residential schools	•••		•••		•••	• • •		1	1	п
Under school age, awa	aiting	admiss	ion to S	Sunshir	ne Hom	e for				
Blind Babies	•••	•••	•••	•••	•••	•••	_	1	1	
PARTIALLY SIGHTED							•			
In residential schools	•••	•••	•••	•••	•••	•••	1	_	1	
Attending Highfurlon	_		• • •	•••	•••	•••	2	1	3	
Attending Primary and tion		ondary		ols, und	der obse	erva-	2	2	4	
Under school age	•••	•••	•••	•••	•••	•••	2	2	4	
Officer school age	•••	• • •	•••	•••	•••	•••	3	_	3	ч
DEAF										
In residential schools	•••	•••	•••	•••			3	2	5	
In Nursery Departmen	nt of re	esidenti	al scho	ol	•••	•••	1		1	н
Under school age, on	waitin	g list fo	r resid	ential so	chools	•••	1	1	2	
										v
PARTIALLY HEARING	ÿ									
In residential schools	•••	•••	•••	•••	•••		2	3	5	v
Attending Primary an										٦
tion (includes chi all children with										п
slight)							89	83	172	ш
Under school age	•••		•••		•••	•••	4	3	7	п
PHYSICALLY HANDIC	APPE	D								ě
In residential schools	•••	•••	•••	•••	•••	•••	1		1	п
In Highfurlong School	1	•••	•••	•••	•••	•••	16	17	33	٠
At home, having home	e tuitio	on		•••		•••	1	2	3	п
Attending Primary an	d Sec	ondary	Schoo	ols, und	ler obse	erva-				п
tion	•••	•••	•••	•••	•••	•••	31	30	61	п
Under school age	•••	•••	•••	•••	•••	•••	4	14	18	п
DELICATE										H
In Highfurlong School	1			•••		•••	27	20	47	п
At home, having home	e tuitio	on	•••	•••	•••	•••	_	1	1	п
Attending Primary an tion	d Sec	ondary	Schoo	ols, und	ler obse	erva-	26	17	43	
Under school age	•••	•••	•••	•••			_	4	4	
Onder bone or ago										1
DIABETIC										
Attending Primary an	d Sec	ondary	Schoo	ols, und	ler obse	erva-				
tion	•••	•••	•••	•••	•••	•••	8	2	10	
Under school age	•••	•••	•••	•••	•••	•••	1	_	1	

MALADJUSTED	
In residential schools 23 3	26
In Hostels, attending day schools 2 3	5
Awaiting places 3 —	3
EDUCATIONALLY GUDNODAGA	
EDUCATIONALLY SUBNORMAL	
In residential schools 4 3	7
On waiting list for residential school 1	1
In Park School 88 69	157
Mentally retarded, under school age 4 6	10
EPILEPTIC (including Petit Mal)	
In ancidential cabacia	4
	4
Attending Highfurlong School 3 1	4
Attending Park School 1 —	1
Attending Primary and Secondary Schools, under observa-	27
	27
Under school age 3 —	3
SPEECH	
Attending Park School 17 5	22
Attending Highfurlong School 6 5	11
Attending ordinary schools and having regular treatment	•
at Speech Clinic 107 46	153
SCHOOL DENTAL SERVICE	

P	rincipal School Dental Officer: Marshall Smith, L.D.S	S., R.C.	S.(Eng	.)	
	Number of pupils inspected at Routine Dental Insp	ection	•••	•••	14,443
	Number of pupils reinspected at school	•••	•••		5,120
			Total	•••	19,563
	Number of pupils treated in Clinics			•••	4,262
	Total number of attendances made for treatment	•••	•••		8,808
	Total number of general anaesthetics administered	• • •	• • •	• • •	2,659

During 1965 the Blackpool Local Authority Dental Clinics have had a full complement of staff, i.e. the equivalent of four full-time Dental Officers (three full-time Dental Officers and two part-time Dental Officers). Some sessions were lost in the latter part of the year due to injury to one of the part-time Dental Officers.

It was noted at Routine Dental Inspections that a fair proportion of school children still receive treatment from private dentists. The period between these inspections is still falling and is now somewhat under nine-monthly periods.

Other older children from Grammar and High Schools attend the Clinics for periodic inspection at four to six-monthly periods. The Chief Dental Officer is still concerned at the amount of television advertising of sweets, chocolates, etc., at a time when children can be expected to be "looking in."

I would again like to thank the teachers for their continued co-operation especially at routine dental inspections. There was again a rise in the number of children in-inspected and it was noted that the numbers of those children requiring treatment again fell.

The modern trend towards more permanent teeth filled than permanent teeth extracted continues, although it must be stated that the greater proportion of these extractions are for Orthodontic purposes rather than decay.

The new returns required by the Ministry have resulted in a considerable increase in the statistical details, having more than doubled the administrative requirements.

The Orthodontic Service continued to run smoothly and is available to all children requiring this specialised treatment. During the last few years there has been a change in the proportion of fixed appliances fitted, now the tendency is for far more removable appliances to be used than before. The result is a great saving in time, on average at least half the time taken to construct and fit a fixed appliance.

MEDICAL INSPECTION AND TREATMENT

(Excluding Dental Inspection and Treatment)

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January 1966, ... 17,895.

PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

Table A—Periodic Medical Inspections

Age Groups	No. of Pupils who have received a		ONDITION INSPECTED Unsatisfactory	No. of Pupils found not to warrant a	(excluding d	ound to require ental diseases ion with vermi	and infesta-
(By year of Birth)	full medical examina- tion	No.	No.	medical examination	for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1961 and later	119	119	_	_	2	21	20
1960	1,059	1,052	7		. 7	176	173
1959	530	527	3	_	5	94	93
1958	82	81	1	· _	_	- 10 -	7
1957	54	54		_	1	10	7
1956	41	41	_	_	1	4	5
1953	130	128	2	264	4	36	33
1954	226	225	1	470	10	27	31
1953	116	114	2	223	2	18	19
1952	25	25	_		1	1	1
1951	326	326	_	— .	. 7	. 6	· 13
1950 and earlier	1,206	1,201	5	_	39	43	73
Total	3,914	3,893	21	957	79	446	475

Col. (3) total as a percentage of Col. (2) total

Col. (4) total as a percentage of Col. (2) total

99.46%

to two places of decimals.

Table B—Other Inspections

A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections 390 Number of Re-inspections 1,053

Total ... 1,443

Table C-Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons 31,866
(b) Total number of individual pupils found to be infested 176
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) 1
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) Nil
Table D—Screening Tests of Vision and Hearing
1. (a) Is the vision of entrants tested as a routine within their first year at school? No
(b) If not, at what age is the first routine test carried out? 7+
2. At what age(s) is vision testing repeated during a child's school life? 10+ group (in selected cases)
3. (a) Is colour vision testing undertaken? No
(b) If so, at what age?
(c) Are both boys and girls tested?
4. (a) By whom is vision testing carried out? Healthvisitor/ School nurse
(b) By whom is colour vision testing carried out?
5. (a) Is routine audiometric testing of entrants carried out within their first year at school? No
(b) If not, at what age is the first routine audiometric test carried
out? 6+
(c) By whom is audiometric testing carried out? Audiometricians

PART II—DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTION DURING THE YEAR

NOTE.—All defects, including defects of pupils at Nursery and Special Schools, noted at periodic and special medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table also includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code	to require treatment (1) and the n		IODIC INS			SPECIAL
No. (1)	Defect or Disease (2)	Entrants	Leavers	Others	Total	INSPECTIONS
4	Skin T	3 16	11 6	7	21 39	_
5	Eyes (a) Vision T O (b) Squint T O (c) Other T	9 9 7 15 — 1	39 62 1 4 3	31 58 11 17 1	79 129 19 36 4 2	3
6	Ears (a) Hearing T O (b) Otitis Media T O (c) Other T	7 14 8 33 6 10	2 11 1 13 2 5	15 33 9 41 5	24 58 18 87 13 24	11111
7	Nose and Throat T	35 100	3 13	36 90	74 203	=
8	Speech T	13 23	1	14 14	27 38	=
9	Lymphatic Glands T	2 20	1	5 15	7 36	Ξ
10	Heart T			11	<u></u>	5 —
11	Lungs T	18 27	1 12	13 33	32 72	37 —
12	Development (a) Hernia T O (b) Other T O	4 6 6 7		5 5 5 18	9 11 11 30	 150
13	Orthopaedic (a) Posture T	1 3 9 18 10 8	1 5 - 1 4 13	2 6 7 21 7 15	4 14 16 40 21 36	 27
14	Nervous System (a) Epilepsy TOO (b) Other TOO	3 2 8	2 2 2 5		2 7 11 33	4 - -
15	Psychological (a) Development T O (b) Stability T	 4 42 75	2 3 2 7	3 17 29 64	5 24 73 146	=
16	Abdomen T	1 7	2	3 4	6 12	=
17	Other T	26 —	3	19	48	21 —

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

Table A.—Eye Diseases, Defective Vision and Squint

Table A.—Eye Diseases, Defective Vision and Squ	
**	Number of cases
As a	known to have
	been dealt with
External and other, excluding errors of refraction and squint	148
Errors of refraction (including squint)	934
Total	1,082
Number of pupils for whom spectacles were prescribed	413
•	
Table B.—Diseases and Defects of Ear, Nose and Th	roat
	Number of cases
	known to have
•	been dealt with
Received operative treatment—	occii acaii iiiii
(a) for dispesses of the cor	11
(1) Considered the and absolute to activity	650
(a) for other mass and throat conditions	120
Descrived other forms of treatment	1 000
Received other forms of treatment	1,009
T 1	1.700
Total	1,799
TO (1) when for the board of th	
Total number of pupils in schools who are known to have been prov	/ided
with hearing aids—	
*(a) in 1965	3
(b) in previous years \dots \dots \dots \dots \dots	10
* A pupil recorded under (a) above is not recorded at (b) in respect of the supp	oly of a hearing aid in
a previous year.	
Table C.—Orthopaedic and Postural Defects	
	Number of cases
	known to have
	been treated
(a) Pupils treated at clinics or out-patient departments	133
	26
(b) Pupils treated at school for postural defects	30
Total	169
I otal	109
m'il p pi ca cit	
Table D.—Diseases of the Skin	
(excluding uncleanliness, for which see Table C of Pa	art I)
(excluding uncleanings), for which see Table C of the	
	Number of cases
	known to have
	been treated
Ringworm—(a) Scalp	1
(b) Body	2
Scabies	6
Impetigo	12
Other skin diseases	578
	570
	599

Table E.—Child Guidance Treatment

			knov	per of cases vn to have dealt with
Pupils treated at Child Guidance clinics	• • •		• • •	163
Table F.—Speech Therap	v			
	J		knov	per of cases wn to have en treated
Pupils treated by speech therapists	•••	•••		186
Table G.—Other Treatment	Given		3.7 7	C
			knov	per of cases vn to have dealt with
(a) Pupils with minor ailments (surgical)	•••			713
(b) Pupils who received convalescent treatment	nt und	er Scl	nool	
Health Service arrangements	•••	•••	•••	7
(c) Pupils who received B.C.G. vaccination				296
(d) Other than (a) , (b) and (c) above :—				
Medical	•••		•••	349
Nervous System	•••		•••	4
Development		•••	•••	2
Psychological	• • •	•••	• • •	110
- Physiotherapy	•••	•••		434
Specials	•••	•••	•••	122
Diphtheria Immunisation	•••	•••	•••	2,437
	Total	(a) to ((d)	4,474

PART IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING THE YEAR

ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit	(1) 2,031	(12) 2,084	(23) 489	4,604
Subsequent visits	(2) 1,314	(13) 2,481	(24) 409	4,204
Total visits Additional courses of treatment com'ced	3,345 (3) 135	4,565 (14) 229	898 (25) 134	8,808 498
Fillings in permanent teeth	(4) 2,141	(15) 4,744	(26) 995	7,880
Fillings in deciduous teeth	(5) 287	(16) 14		301
Permanent teeth filled	(6) 1,790	(17) 4,027	(27) 872	6,689
Deciduous teeth filled	(7) 272	(18) 14		286
Permanent teeth extracted	(8) 227	(19) 1,277	(28) 159	1,663
Deciduous teeth extracted	(9) 3,553	(20) 1,218		4,771
General anaesthetics	(10) 1,535	(21) 1,047	(29) 77	2,659
Emergencies	(11) 448	(22) 148	(30) 22	618
	Number of P	upils X-rayed		(31) 42
	Prophylaxis			(32) 796
	Teeth otherw	ise conserved		(33) 121
	Number of te	eth root filled		(34) —
	Inlays			(35) —
	Crowns			(38) 2
	Courses of tre	eatment compl	eted	(37) 4,367
ODWIADONWIAC	C	: C		215
ORTHODONTICS		ing from previous		
		mmenced duri		(38) 120
	_	eted during yea		(39) 136
		tinued during y		
		able appliance		(41) 78
		appliances fitted		(42) 83
	Pupils referre	ed to Hospital (Consultant	(43) —

PROSTHETICS

Pupils supplied with F.U. or F.L. (first time)

Pupils supplied with other dentures (first time)

Number of dentures supplied

5 to 9	10 to 14	15 and over	Total
(44) —	(47) —	(50) —	_
(45) 2	(48) 11	(51) 1	14
(46) 2	(49) 11	(52) 1	14

ANAESTHETICS. General Anaesthetics administered by Dental Officers

(53) 2,659

INSPECTIONS

(a) First inspection at school. Number of	of Pupils
---	-----------

- (b) First inspection at clinic. Number of Pupils

 Number of (a) + (b) found to require treatment

 Number of (a) + (b) offered treatment
- (c) Pupils re-inspected at school clinic

 Number of (c) found to require treatment

		Re-inspected at school
(A)	14,443	5,120
(B)	337	
(C)	8,924	2,938
(D)	4,660	1,540
(E)	124	_
(F)	79	

SESSIONS

Sessions devoted to treatment
Sessions devoted to inspection
Sessions devoted to Dental Health Education

(X)	1,406
(Y)	122
(Z)	68

N.B.—Statistical codings in parentheses.

ANNUAL REPORT OF THE ORGANISERS OF PHYSICAL EDUCATION FOR THE YEAR 1965

Physical Education covers an ever-widening range of activities and many schools now include in their Physical Education syllabus, gymnastics, dance (Modern Educational Dance, National Dancing and Ballroom Dancing), the major team games, swimming, the more individual sports (badminton, volleyball, basketball, tennis, judo, archery), athletics and cross-country running, and outdoor pursuits (camping, mountaineering, dinghy sailing, canoeing). Outdoor pursuits, apart from camping, are a fairly recent addition, involving specialised techniques and equipment. As additional facilities and equipment become available, this type of activity will play an-increasingly important part in the P.E. Programme, and will have a special appeal to the more adventurous pupils who have no special aptitude for the traditional ball games.

Thus, by widening the choice of activities, especially for older pupils, an attempt is being made to cater for individual differences of physical skill, general physique and temperament.

In education the concept of the child as an individual is now of prime importance, and each child is helped to develop his potential to the maximum, not only physically, but mentally and socially. By this means he acquires a desire for participation in healthy physical activity of many kinds, which enables him to experience a sense of achievement.

Primary Schools

Educational gynmastics (in which the emphasis is always on the individual and on individual practice and thought), country dancing, Modern Educational Dance (involving the experience of movement in a meaningful and creative way), swimming, games activities, and athletic practises are all included in the Physical Education programme of the Junior School. In the Infant School, basic training in all these activities (except swimming) is given.

The implementation of this programme has, during the year, been further encouraged by the provision, whenever space permits, of additional apparatus for the gymnastics lesson.

Primary School Games and Swimming

To some extent the choice of games varies from school to school with the facilities available. In the lower age range of the Primary Schools general training in games skills is undertaken. In the top two years of the Junior Schools, Association Football remains by far the most popular winter game for boys and junior netball the most popular game for girls. In the summer the keenly contested Inter-Schools Athletic meeting sees much time devoted to athletic training which produces an ever increasing standard in athletics amongst the pupils.

Many other summer games are introduced at the junior level some of which are rounders, cricket, stoolball and softball.

Swimming instruction for both boys and girls continued as in previous years. The result that approximately 50% of pupils leaving the junior schools can swim 25 yards is encouraging, but for obvious reasons this figure must reach 95% before the aims in our swimming programme in Blackpool are satisfactorily implemented.

SECONDARY GIRLS—1965

The principle of teaching is to influence the pupils to kindle a genuine interest in some aspect of the subject being taught and to assist the developing process of the child by character training and the learning of self-discipline. This is no less true in physical education than in any other aspect of education today. To achieve this aim in our secondary schools demands a great deal from both pupils and teachers, the initiative having to come from the teacher.

The success achieved in our Secondary Schools is obvious from the standard of not only the work seen in the schools but also the willingness and code of behaviour of the girls that one meets in general throughout the town in all sporting activities.

Together with this success in physical education we also wish to create a lasting interest among the older pupils in some aspect of sport. In order to implement this policy to the full extent possible, we need to increase still more our facilities so that the "tasting" of a varied range of subjects may turn into a satisfactory "digesting" of some aspect of sport by still more pupils. With the limited facilities available staff are to be congratulated in their ingenuity in maintaining the interest of so many girls.

(a) Gymnastics.

This part of the curriculum among the younger age range forms a sound grounding in basic training, whilst better performers in the older age group find satisfaction and enjoyment in gymnastics as a club activity. Competitions and demonstrations still form part of some schools annual programmes.

(b) Dance

Dance in any form for girls is a valuable aspect of their training and general education. Whereas most schools include this subject it is all too often merely an alternative for a wet games afternoon instead of standing in its own right in the curriculum. It is interesting to find one or two schools who have formed clubs for Modern Education Dance, with the result that once the club has become established the girls who join are reluctant to leave.

Games

Games continue to feature as a major part of the Physical Education programme in all schools. The staff are to be congratulated on the success achieved in this sphere as they continue to battle with the elements, waterlogged pitches, sand pits full of broken glass, tennis courts that are non-existent and one badminton court often to be shared by 40 girls. Thus frustration often occurs because of the lack of continuity in the coaching of any one game, whether a winter or a summer activity.

(a) Netball

The tradition of netball is still strong and the usual League matches together with the end of the season rally produced much enthusiasm amongst partaking schools.

(b) Hockey

Although interest in this game is evident the progress of the game is at a standstill owing to the continual lack of facilities that can facilitate continuity in the coaching of the game. The tournaments held at the beginning and the end of the season again proved popular.

(c) Tennis

More girls are capable of gaining lasting enjoyment from this sport than facilities allow.

(d) Rounders

Always a game that is enjoyed by all ages at any time, but it is not enhanced by inter-school competitions.

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SECONDARY SCHOOLS (Boys)

The P.E. syllabus in the secondary school includes gymnastics, swimming, athletics, the major games, small team games, and a variety of specialised club activities, which include basketball, tennis, badminton, weight training, trampolining, volleyball, archery and outdoor activities.

In the lower and middle school, educational gymnastics, swimming and games training take up most of the time allocated to physical education, with the inclusion of a concentrated period of athletic training in the summer term. In the upper school a wider choice of activities is provided.

Secondary Games (Boys)

(a) Association Football

For many boys, this remains the most popular of the winter games in all schools except one. A large number of inter-school fixtures, covering four age groups, are played weekly during the autumn and spring terms out of normal school hours, and a good standard of play is achieved.

Three schools are still without playing fields of their own, with the result that the standard of team play at these schools suffers.

(b) Rugby Union Football

The game is played in addition to soccer in several schools and inter-school fixtures are arranged. At the Grammar School "rugger" is the main winter game, five school representative teams being fielded throughout the winter.

(c) Basketball

Basketball has now become the second most popular boys' game in nearly all secondary schools and the standard of play continues to improve. Many interschool fixtures are played and tournaments arranged. The standard of play at one particular school is high and this school provides the majority of players for representative town games. Two members of the town team were selected to represent the North of England.

(d) Boxing

Boxing was taught in only one school during the past year, and a high standard was reached in this particular school. This was evident in the annual inter-house boxing tournament. Two boys from this school were selected for County honours.

(e) Cricket

This major summer game regained some of its recently lost popularity during the past season, and all schools feel that given suitable pitches and satisfactory weather, this traditional game is really far more popular with boys than is sometimes assumed. At the same time it is agreed that cricket, of all the major games, is less rewarding to many boys than other games, which provide for more action in the time available for games practices. Inter-school matches are nevertheless played most enthusiastically, as would be expected.

(f) Tennis

Lack of school tennis courts is the limiting factor as far as progress in this game is concerned. Hard courts are a necessity for the proper development of the game. The game is most popular where facilities exist.

(g) Hockey

Two schools play hockey regularly throughout the winter and it is proving a popular alternative to the other major winter games at these schools. Inter-school fixtures and more coaching have been responsible for a marked improvement in the standard of play.

Athletics

In many schools athletics plays the major part of the summer curriculum and it is good to see more pupils participating competitively in this activity as matches between two or three schools become more numerous. A high standard amongst both boys and girls was again achieved in Blackpool. The boys' and girls' teams won the championship shields in their respective sections in the Lancashire County Championships. Four pupils were chosen to represent Lancashire at the All-England Schools' Championships.

SWIMMING

The total attendances at all three baths was 113,605 for the twelve months of 1965. This is an increase on the total attendances for 1964 of 1,687. We are still having requests for more periods to be made available at the baths, especially from Junior Schools. It is regrettable that facilities available are not adequate to meet this demand.

Sun	nmary of Attendances					Classes	Pupils		
	Derby Baths	•••		•••	•••	1,294	37,624		
	Cocker Street Bath			•••	•••	1,439	34,942		
	Lido Swimming Pool	•••	•••	•••	•••	1,465	41,039		
	Comparison of Attendances over the past Five Years								
	1961	1962		196	3	1964	1965		
	105,213)5,896		100,5	88	110,918	113,605		

Swimming Certificates

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Swimming Certificates awarded during the year amounted to 2,049. This is a slight decrease on the previous year but is possibly offset by the fact that many more pupils are taking examinations of the Royal Life Saving Society and the Amateur Swimming Association.

Certificates Issued during the Year 1965

ools—Girls					
	Learners	Elementary	Intermediate	Advanced	Total
Arnold Girls			_	9	9
Baines Endowed J.	9	1			10
Bispham C.E	16	6			22
Claremont J	17	15			32
Claremont S	42	32	6	9	89
Devonshire J	24	6			30
Grange Park J	40	10			50
Hawes Side	21	9			30
Highfield S	23	25	16	9	73
Highfurlong	14	6	3		23
Holy Family J	19	9	_		28

		Learners	Elementary	Intermediate	Advanced	Total
Layton J		20	9			29
Norbreck J.		25	24	_	_	49
Our Lady		14	8	3	_	25
Palatine Secondar	v	12	_		2	14
Park School		8	3	1	1	13
Revoe J		30	11			41
Roseacre J.		19	7	1		27
Stanley J		27	12	_	_	39
St. Columba's J.		30	6	_	_	36
St. George's Sec.		14	23	11	_	48
St. John's J.	• • •	9	4			13
St. John Vianney.		31	6		_	37
St. Kentigern's J.	•	11	5	2	_	18
St. Nicholas J.		5	_	_		5
St. Wilfrid's J.		15	2		_	17
Thames Road J.		33	10	1	_	44
Tyldesley Sec.		10	6	4	1	21
Waterloo J.	•••	26	15			41
Waterioo J.						
		564	270	48	31	913

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,		Learners	Elementary	Intermediate	Advanced	Total
Arnold Boys .	• • •	24	31	8	_	63
		17	4		_	21
Bispham		8	12			20
Claremont J.		21	22	_	_	43
Devonshire Road		22	8	_	_	30
C		41	7	_		48
<u> </u>			15	6		21
TT C! 1.		19	13	_	_	32
TT' . 1. C . 1.1		14	20	21	1	56
TT! -1. Combons		17	12	6	_	35
TT-1 T2!1		28	14	_	_	42
Tarabam		26	12	_	_	38
Norbreck		28	25	_		53
Our Lady		32	12	5		49
m.1-41		48	29	18	4	99
Doule		5	5	1		11
Revoe		20	23	_		43
Roseacre		16	7	1		24
Stanley		31	12		_	43
Ct. Calumbala		23	9	•		32
CA Canana's		21	34	21	1	77
Ct T 1 1.		11	10			21
St. John Vianney J.		35	13	_		48
CL YZ L'	• • •	7	4	2	_	13
CA NI alastas		5	2	_	_	7
CI. XX7'1C ' 12		24	5			29
Thames Road		25	12	_	_	37
Tr. 1.da. days	• • •	14	29	24	_	67
Waterlas	• • •	24	10	_		34
		606	411	113	6	1,136

Winter Gardens Shield—Girls

Winners—Layton Primary School 94.4 %

Tower Shield—Boys

Winners—Norbreck Primary School 87.2%

These shields are awarded to Junior Schools with the highest percentage of fourth year girls and boys respectively able to swim a distance of 25 yards.

Swimming Galas

Practically every secondary school now holds their own combined galas. The galas continue to be an enjoyable and much looked forward to function in the life of the schools. The good standard of swimming in the combined schools gala was evident as once again a number of records were broken.

For good performances to be reached and maintained in swimming it is essential that regular practice takes place. Our congratulations go to individual schools who encourage this and to pupils who in spite of arduous and time consuming journeys trained regularly to bring credit to Blackpool in the Lancashire Schools Galas.

Open Air School Swimming Class

We again are most grateful to Mr. Quinton, the Manager of the Norbreck Hydro, for so readily granting the facilities of the swimming pool at the Hydro for the teaching of this special class of handicapped children, which has been held throughout the year.

CLUB ACTIVITIES

(a) Canoeing

During the past year pupils of one secondary school have become greatly interested in this activity as a regular club activity. Beginners have had the opportunity of learning basic skills on Stanley Park lake, and more advanced canoeists were given training in sea work and river work.

(b) Dinghy Sailing

During the year one school possessing three sailing dinghies purchased by the P.T.F.A. of the school, has further developed dinghy sailing as a club activity. There is a long waiting list for membership of this Club. During the year, however, a good number of pupils were taught to handle the sailing craft quite confidently on inland waters.

(c) Badminton

This game is played in most secondary schools as Club activity, the limiting factor at present being the absence of recreational space for more than one court in any school. With the anticipated provision of sports halls at some schools as part of the secondary development plan, this popular game will no doubt make rapid headway and with this in mind a Blackpool Schools' Badminton Association has recently been formed.

(d) Camping

During the summer the demand for the hire of the Authority's tents again increased. These were in demand for school camps, scout and guide organisations, pupils preparing for the Expedition Section of the Duke of Edinburgh Award Scheme, and pupils taking part in various outdoor activities, for which, invariably, lightweight camping units were in greatest demand.

To meet the increasing demand, additional tents were again purchased, including three extra lightweight units, bringing the total of the latter up to twelve.

(e) The Duke of Edinburgh's Award Scheme

During the year three schools entered pupils for the Bronze and Silver Awards. After leaving school, a few boys have continued their preparation for an Award.

Playing Fields

All school playing fields have, as usual, been well maintained by the Parks Department groundsmen. During periods of prolonged bad weather in the winter, however, the drainage of some fields is insufficient, with the result that these fields are liable to be out of use for rather extensive periods.

Good progress has been made with the construction of the new Grammar School playing fields, and seven hard porous tennis courts will be available for use next spring.

All secondary school playing fields are used to their maximum capacity by (a) schools (b) L.E.A. Youth Clubs (c) other organisations, in that priority. The fields are not opened, however, to the general public.

During the long summer vacation, Highfield Road playing fields were opened daily (Sundays excepted) from 10 a.m. to 8 p.m. for use by school children, and two part-time supervisors were employed to supervise the use of the playing fields during this period.

Cavalcade of Sport

The fourteenth Annual Cavalcade of Sport was once again held at the Tower Circus in March. The programme consisted of the usual wide variety of items, for which we are entirely dependent on the unfailing co-operation of Head Teachers, Staff and Parents to whom go our grateful thanks.

This presentation besides being the means of obtaining financial support for the many activities of the Blackpool Schools Sports Council also is an enjoyable way of showing some of the many varied aspects of the work attempted in the field of physical education in our schools.

Further Training of Teachers

During the year the following teacher-training courses were held.

- 1. Lecture/Demonstrations at various Primary Schools dealing with the method of presentation in the Modern Educational Gymnastics lesson.
- 2. The 26th Annual Easter School of Physical Education, held from Easter Saturday until the following Saturday.

The course was attended by 838 teachers, who enrolled for one of a choice of 24 different courses concerned with a comprehensive branch of Physical Education or a specialised single subject.

- 3. A six-session course of coaching in the teaching of athletics in Secondary Schools. This course was taken by Mr. D. C. V. Watts, Senior A.A.A.'s Coach.
- 4. A one-session course on Physical Education for Girls at the Secondary level.

The Blackpool Schools' Sports Council

The Council, to which all the constituent Sports Associations of our Blackpool schools are affiliated, continued to play an important and very energetic part in all out-of-school sports activities. A full programme of inter-school fixtures was arranged by the nine affiliated associations. As a result of these and other activities, notably the Annual Cavalcade of Sport, the Council is responsible for providing the financial means whereby all pupils of our Blackpool Schools are given the opportunity of competing in various sporting activities at County and National level.

1,800 copies of the Council's Handbook, giving rules of the Associations and fixture lists, were sold in schools. The Secretaries' reports of the various Associations are included under the next heading.

REPORTS OF THE CONSTITUENT ASSOCIATIONS, BLACKPOOL SCHOOLS' SPORTS COUNCIL

Blackpool and District Secondary Schools' Athletic Association

The Association has once again had a successful season. The season opened with the Inter Schools' Cross Country Championships and teams were entered for the Lancashire Championships.

The main event of the year—the Inter School Sports were held at Stanley Park on 6th July, 1965. It was a well organised meeting with a high standard in athletics. In the boys' competitions St. Joseph's won the Junior and Intermediate Trophies and Baines Grammar School the Senior and over 17 Trophies. In the girls' competitions, Arnold High School won all four championships.

The high standard of School Athletics in Blackpool was again emphasised at the Lancashire Schools' Championships at Stretford on 19th June, 1965 when both the girls' team and the boys' team retained their Championship Trophies. The boys scored 87 points with runners-up 82, and the girls scored 116 points with runners up 47. Blackpool also retained the Kirby Trophy awarded for the highest number of points in field events—boys and girls combined. Blackpool scored 112 points with runners-up Liverpool 97½ points.

As a result of their performances, seven girls and four boys were selected to represent Lancashire in the Triangular Match with Staffordshire and Cheshire. Lancashire were winners at this meeting.

Three boys and one girl were selected to represent Lancashire at the All England Championships at Watford.

Irene Evans (Arnold) 5th in Senior Girls' Javelin.

P. Dunton (Montgomery) eliminated in Semi-Final Junior Boys'

100 yards.

T. Lines (Arnold Boys) 2nd in Junior Boys' Discus.

A. Richards (Fleetwood Grammar) 3rd in Senior Boys' Long Jump.

Blackpool and District Secondary Schools' Badminton Association

On Saturdays 11th and 18th December, 1965, a tournament for local school-children was held at Hodgson Secondary School, Poulton-le-Fylde.

This had been promoted by the Blackpool and District Badminton Association, and was organised by several local teachers. A total of 119 entries was received, the children playing in two age groups, under 16 and 18 years, and playing all events except girls' singles.

Because of the success of this tournament a meeting was called on 25th January, 1966, of representatives of all Schools interested, and at this meeting the Blackpool and District Secondary Schools' Badminton Association was formed. The Association then applied to the Blackpool Schools' Sports Council for membership, and for a grant to cover expenses during the rest of the season.

A match against the Farnworth and District Schools had been arranged for 11th March, and prior to this Schools were asked to send their best players to trials which were held at Fleetwood Grammar School, Hodgson Secondary School, Poulton-le-Fylde, and King Edward VII School, Lytham. Promising players were then invited to team practices at Stanley Infant School, Blackpool, and from them a representative team was selected. The result of the match was an overwhelming victory for Farnworth and District, who had, however, as many as seven Schools County players on their side.

From the number of spectators present it was obvious that there was a considerable interest in the game amongst local school-children, and subsequently the Association had a good entry in the Lancashire Schools' Championships, which attracted over 400 entries, nine of our players reaching the quarter finals, which were held at the Harris College, Preston.

The Association combined with Farnworth and Worsley to play the Barrow and District Schools, and, on Friday 13th May, the under 16 side travelled to Kearsley where they played a return match against Farnworth and Worsley, losing by eight games to nil, with four games drawn.

Although our teams have met with little success there is no doubt that the standard of play has improved considerably in the half season that the Association has been in existence.

Our season ends when, on Saturday, 28th May 1966, the Association is responsible for staging the Lancashire versus Cumberland Schools' County Match at Hodgson Secondary School, Poulton-le-Fylde.

We look forward with enthusiasm to September when we commence our first full season. A full programme of events is planned in the hope that badminton may become even more established amongst the Blackpool and Fylde Schools.

Blackpool and District Schools' Basketball Association

The Association have organised League games throughout the season at under 15 level and we have seen a general improvement in the standard of play. Full details of the final League table are not available but it is clear that Montgomery are winners with Blackpool Grammar School runners-up.

Only two schools regularly turned out an under 14 team and the League competition in this age group was, therefore, suspended.

In the National Championships under 19 section Blackpool were beaten 79—48 by Rochdale, and in the under 15 section Blackpool beat Newcastle 48—28 and lost heavily to Middlesborough in the following round.

Some schools played matches at under 16 and under 18 levels and it appears that there is greater interest in the game at these ages than in past years. Preston and Lancaster Schools and Colleges are now seeking fixtures, and we look forward to an increase in games and enthusiasm in the area.

Blackpool and District Secondary Schools' Cricket Association

The under 15 League was again divided into North and South sections, each containing five teams. Each school played each other school twice, the leaders of their respective sections at the end of these matches being Hodgson and St. George's. These schools played off for the Championship at Bispham Education Committee ground. St. George's gained their first outright success, having shared the championship on a previous occasion.

The under 13 section was also unaltered. Eleven schools played friendly matches, which meant that each school could only be played once. Standards in these games continue to rise and the number of schools taking part is its own testimony to the desirability of such games.

The Town Team did not enjoy a very successful season. The first game against Preston at home was won, but the other two against Walton-le-Dale away and Lancaster at home were both lost.

Blackpool and District Secondary Schools' Football Association

At the close of the 1964-65 Football Season the under 14's Town Team entered into their first competitive football when they met teams from Chorley and Leyland, Walton-lc-Dale and Preston. Success came their way until their encounter with Preston. On a dreary, stormy day they had to travel to Preston with a below strength team caused by the demands of the local schools' semi-finals. Although Town games normally have precedence over school fixtures, it was thought that the issue at Preston was not in doubt. Unfortunately this was not the case and Blackpool were defeated and thus relinquished their hold on the George Ford Memorial Cup.

Training throughout the Summer under team coach N. F. Smith of Palatine continued and three of the team, Peter Donoghue of Baines Grammar School, Alan Tinsley of Bailey School and Philip Thornley of Montgomery School were selected to attend the Lancashire Schools' F.A. Coaching Course held at St. George's School in August.

This course was a mixed blessing to the Blackpool Association for during it Alan Tinsley sustained an injury which dogged him throughout the season. This was not apparent, however, when Blackpool travelled to Morecambe to play a preseason friendly, for the Blackpool Boys were in devastating form and won 5—0, Alan Tinsley scoring a hat-trick and making the chances for the others.

His potential as a footballing star had been noted and he was nominated for County Trials at Southport, but on the day it was obvious that he was not 100% fit and he was withdrawn at half-time.

Blackpool received a bye in the first round of the English Schools' F.A. Trophy Competition and the second round took us to Ormskirk. It was a hard fixture to start the season with, for Ormskirk had had a resounding win over Preston in Round one. However, Blackpool fought hard to force a 1—1 draw even though Tinsley had to be withdrawn after the first five minutes. The replay at St. George's, however, proved the superiority of the Ormskirk boys and they won handsomely 4—0. A disappointing exit from the Senior Competition for Blackpool.

The Lancashire Schools' F.A. Cup Competition after a bye in Round one opened for Blackpool Boys with a home game on Bloomfield Road versus Nelson and Colne. Before a moderate crowd Blackpool were held to a 1—1 draw, but in the replay at Nelson Blackpool were worthy winners, 6—2.

The next game, away to Middleton, found them outclassed by a team containing three County players and they were defeated 4—1. Our consolation in this defeat can only be that Middleton have reached the Final of the Lancashire Schools' Cup Competition.

The present under 14's Town Team have again been having regular coaching sessions with Mr. Smith and friendly fixtures at home and away to Wigan, and a home fixture with Southport have been played with victories in each game.

The George Ford Cup is again in Blackpool's keeping by our defeats of Chorley and Leyland, and Preston.

Paul Douglas and Roger Prior of Claremont School have been selected to attend the North of England Soccer Coaching Course organised by the English Schools' F.A. in July. Ian Cooke (St. John Vianney) Kenneth Boardman (Highfield), Douglas and Prior have been nominated to attend the Lancashire Schools' F.A. Coaching Course at St. George's in August.

We look forward with considerable optimism to Season 1966-67.

In conclusion the thanks of the Association were recorded for all those who have helped its activities during the year.

Blackpool Primary Schools' Football Association

Each Saturday about 200 boys have been engaged in competitive football and many more have stayed behind after school to take part in practice matches. In addition some schools have played friendly reserve matches.

Two leagues have been in operation throughout the season, each consisting off nine teams. The Honours List for the season was as follows:—

North Section: Norbreck (champions)

Revoe (runners-up)

South Section: Stanley (champions)

Our Lady (runners-up)

The annual knockout competition for all schools was also held—the final taking; place at Hawes Side. This competition creates a lot of enthusiasm and is one of the chief events of the season. At this year's final, Mr. Hodd presented the trophies and leading to the season.

medals to the two teams.

Winners Norbreck Runners-up Revoe

Again this year an inter-town fixture with Southport was arranged. Blackpool won the away match 2—1 and the home match 6—1. Both matches were very enjoyable and some outstanding football was played, especially by the Blackpool team at Hawes Side.

In conclusion, the thanks of the Association are extended to all those who have helped to make the season a success.

Blackpool and District Secondary Schools' Netball Association

The Association still consists of nine schools, each of which fields two teams for League matches. The First Teams consist largely of Fourth Year and the Second Teams of Third Year girls.

The League winners this year were St. Catherine's with 42 points. They have never before finished in the top half of the table and are to be congratulated on their successful efforts. The runners-up were Claremont with 39 points, closely followed by Montgomery with 36.

Eight schools took part in the final Tournament at Hodgson on Saturday, 25th March and, as the bad weather precluded any outdoor activity, we were deeply indebted to the Head and Governors of Hodgson School for accommodating us in the Sports Hall and gymnasium. Without these facilities the Tournament could not have been held. The winners were Hodgson; the runners-up St. Catherine's

There is a separate section of the League for Fifth Year girls, as at present they are unable to take part in the weekly inter-school matches. Instead we have held two Fifth Year Tournaments, one in September and one in March, in both of which Hodgson were the winners and St. George's the runners-up.

These Tournaments admirably fulfil their function of maintaining the interest of the Senior girls in competitive netball.

Town Teams

The under 15 team is drawn from all schools in the League and was trained and managed by Mrs. M. Filmer and Miss M. Marsden. It has had a successful season winning a Tournament at Farnworth and one at Blackpool. It did not progress far in the knockout tournament, but finished fifth in the County in the Final Tournament at Liverpool.

One girls from St. George's had the honour to be selected for County Trials.

The champion Fifth Year team, Hodgson, took part in the Lancashire Schools' Tournament at Liverpool, where they lost to Liverpool but beat Eccles, with whom they tied for first place. Eccles were declared the winners on goal average, Blackpool runners-up.

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Blackpool Schools' Swimming Association

The Association has again had a successful year in its activities. The Inter-Schools' Gala produced a total of nine records; five in the boys' events and four in the girls'. The outstanding achievement was that of Claremont Girls' School in winning the overall championship (11—15 years) with $81\frac{1}{2}$ points, $52\frac{1}{2}$ ahead of Palatine in second place. Palatine won the boys' championship and second was Blackpool Grammar.

The Blackpool teams in the Junior and Intermediate Championships of the Lancashire Schools did not do well but, as predicted, the 16—19 Senior team had great success and their efforts brought Blackpool into fourth place in the points for all the championships.

In County matches we were represented by nine swimmers versus Yorkshire; four versus Cheshire and seven versus Northumberland and Durham. Unfortunately we had no representative this year in the National Championships.

In the Lancashire Schools' Diving Championships the 11—13 girls' event was won by a Claremont girl.

Once again Association promoted the Cavalcade of Sport at the Tower Circus, an event which was enjoyed by two packed houses and which returned a handsome profit for the benefit of schools' sporting activities. Our thanks are due to schools, members of staff and pupils for such excellent items.

This year Mr. Brian Wilson has had the honour to be elected Chairman of the Lancashire Schools' Swimming Association. He follows two other Blackpool Chairmen, Miss J. M. Parton and Mr. R. E. Astley, who in previous years have also held that office.

Finally we record our congratulations to our Chairman for the past eight years, Mr. R. E. Astley, on his promotion to a Headship at Formby; our thanks for all he has done, and our regrets at his departure. We wish him every happiness and success.

CONCLUSION

In conclusion the Organisers of Physical Education wish to tender their sincere thanks and appreciation to all members of the Education Committee, the Parks Committee, the Baths Committee, the Tower and Winter Gardens Company, the Staff of the School Health Service, Her Majesty's Inspectors of Physical Education (Miss E. G. Pollard and Mr. C. M. Melanefy), the Directors of Blackpool Football Club, the Committees of the Fylde and of the Thornton-Cleveleys Rugby Union Football Clubs, the officials of the Blackpool Keidokwai and Karate Club, the Directors of Blackpool Cricket Club, and Parent/Teacher/Friends' Associations.

The Organisers also wish to record their appreciation of all the help given by the Chief Education Officer and his Staff, and the Head Teachers and Assistant Teachers of the Local Education Authority, without whose help and enthusiasm no lasting success could be achieved.

Miss A. H. BRANDRICK, N. W. BROUGHTON.





